MARKETPLACE MEDICAL CENTRE GUNGAHLIN

Shop 53/33 Hibberson Street Gungahlin ACT 2912
Ph: 02 51008788 Fax: 02 51005274
Email: reception@marketplacemedicalcentre.com.au
www.marketplacemedicalcentre.com.au

PATIENT INFORMATION FORM

Title: ______ Surname: ____________________ Given Name: ______________________ Preferred Name: _______________

Date of Birth: ___________Gender Identity (F/M/Other: ________Pronouns (he/him| she/her) Other: ___________

Home Address: ____

Telephone Home: _______________________ Work: ______________________ Mob: _________________________

Email: ____

Occupation: _______________________________ Preferred Contact (Home/Work/Mobile/Email): ____________

Medicare Number: ___________________________ Ref No: ______ Expiry Date: _______________

Do you have a concession card from Centrelink or a Department of Veteran Affairs card? Y/N
If yes, please circle which applies: Pension/Healthcare/DVA Gold/DVA White

Card number ____ Expiry ___________________

To assist with health initiatives - Do you wish to be identified as being: Aboriginal/Torres Strait Islander/both/neither (please circle one)

Country of Birth: _______________________________ Ethnicity: _________________________________

Language Spoken: _______________________________

Next of Kin:

Name: ____ Relationship _______________________

Telephone Home ____________________ Work __________________ Mob _______________________

Emergency Contact:

Name: ____Relationship _____________________________

Telephone Home ____________________ Work __________________ Mob ________________________

Allergies: ____

Current Medication: ____

MARKETPLACE Medical Centre

Medical History: Do you have, or have you had a history of the following?

□ Asthma
□ Diabetes
□ Hypertension
□ Chronic Illness
□ Other – Provide Details: ____

Family Medical history: Have any members of your family have?

□ Heart Disease
□ Asthma
□ Diabetes
□ Hypertension
□ Mental Illness
□ Cancer
□ Other – Provide Details: ____

Lifestyle Risk Factor Information:

Smoking

□ No
□ Ceased – Date: ______________
□ Yes – how many __________ day / __________ week

Alcohol

□ No
□ Yes – how many ________ day/ ______ week / ________ month

Recreational Drug Use

□ No
□ Yes – Type _________________ Frequency _____________________

Reminder System: Our practice uses a computerized reminder and recall system for immunization, health checks, pap smears etc.

The Marketplace Medical Centre Gungahlin respects you right to privacy. We realize that it is important that you understand the purpose for which we collect the details about your health, as well as how this information is used by this practice and to whom the information is disclosed.

• We require a minimum of 4 hours' notice to cancel or rebook an appointment. Failure to do so will result in a fee of $50 for standard appointments. Higher cancellation fees apply to other appointment types.

Please note that the practice is utilizing the Better Consult program. Patients will receive a questionnaire via link in an SMS message that will be sent pre-appointment that will be used to assist the practitioners.

Name ____________________________ Signed _________________________ Date __________