

**Please Note:** UQ Health Care's company policy is that on your initial visit, or at any time at the GP's discretion the GP will not be able to write a prescription for any medication that the GP deems to be "Drugs of Dependence".

<b>Title</b>	Dr Prof Mr Mrs Miss Ms Master Other _____							
<b>Surname</b>								
<b>First Name/s</b>						<b>Known as</b>		
<b>Date of Birth</b>	/ /				<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>Ethnicity</b>	Example: Australian, Aboriginal, New Zealander, Chinese, English, Japanese							
<b>Street Address</b>								
<b>Suburb</b>					<b>Postcode</b>			
<b>Postal Address</b> <input type="checkbox"/> Same as above								
<b>Suburb</b>					<b>Postcode</b>			
<b>Home Phone</b>	( )				<b>Work Phone</b>			
<b>Mobile Phone</b>								
<b>Email</b>	@							
<b>Medicare Card</b>					No. next to name <b>Ref No.</b> ____	Month / Year <b>Expiry Date</b> / /		
<b>Pensioner Card</b>					<b>Expiry Date</b>	/ /		
<b>Health Care Card</b>					<b>Expiry Date</b>	/ /		
<b>DVA</b> <input type="checkbox"/> Gold <input type="checkbox"/> White					<b>Expiry Date</b>	/ /		
<b>Private Health Fund</b>	Fund Name: Fund No. _____				<b>Expiry Date</b> (if known)	/ /		
<b>OSHC/World Care Educover</b>	<input type="checkbox"/> OSHC Worldcare <input type="checkbox"/> Worldcare Educover				<input type="checkbox"/> Single <input type="checkbox"/> Family	Expiry Date / /		
<b>Parents Details</b> (Only if Patient is under 16yrs)	Name: Address: Suburb: Postcode: Date of Birth: / / Medicare Card No. _____ Ref No. ____ Exp Date / /							
<b>Next of Kin</b>	First Name: Surname:				Telephone: Relationship:			
<b>Emergency Contact</b> (Person not in the same household)	First Name: Surname:				Telephone: Relationship:			
<b>Patients Occupation</b>								

If we need to contact you what is your preferred method of contact: (please tick **one** only)

- Home phone   
  Mobile phone   
  Mail   
  Email   
  SMS

**PLEASE TURN OVER**

**Australia is a genuinely multicultural society. To tailor appropriate care, encourage understanding and appreciation between people from different nationalities and backgrounds – Do you identify as someone from a culturally and/or linguistic diverse background?**

- Yes – Please explain.....
- What is your preferred language (if not English).....

**To assist with health initiatives – are you Aboriginal or Torres Strait Islander?**

- No  Yes – Aboriginal  Yes – Torres Strait Islander  Yes – Aboriginal & Torres Strait Islander

### **PRIVACY OF PATIENT INFORMATION**

*Our Practice collects personal information and sensitive health information about you and safeguards its confidentiality and privacy in accordance with National Privacy Principles. UQ Health Care's Privacy Policy is available on request, and on display in our waiting room areas.*

I acknowledge that my personal information may (where required) be disclosed to other health providers and practitioners so that my health care is not compromised. This information may also be disclosed to other statutory authorities, including insurers, debt recovery agencies and in circumstances where required by law.

Name (please print): .....

Signature: ..... Date: ...../...../.....

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### **YOUR HEALTH DATA**

I give permission to UQ Health Care to store, analyse and publish information collected during my treatment for the purpose of increasing medical and scientific understanding and for educational purposes.

I understand that in the event my information is used for the above-mentioned purposes, my identity remains confidential and the information used does not convey my identity under any circumstances.

*I consent / do not consent (please circle appropriate) to my health information being used for purposes in the above-mentioned paragraph.*

Name: (please print): .....

Signature: ..... Date: ...../...../.....