FEMALE	ALL FIELDS TO BE COMPLETED	MALE / PARTNER

FEMALE	MALE / PARTNER
Ms / Miss / Mrs / Mr / Dr Surname:	Ms / Miss / Mrs / Mr / Dr Surname:
First Name:	First Name:
Preferred Name:	Preferred Name:
Date of Birth: Age at first visit:	Date of Birth: / / Age at first visit:
Residential Address:	Residential Address:
Suburb: Post Code:	Suburb: Post Code:
Postal Address:	Postal Address:
Suburb: Post Code:	Suburb: Post Code:
Mobile:	Mobile:
Home: Work:	Home: Work:
Email:	Email:
Occupation / Profession:	Occupation / Profession:
Religion:	Religion:
Do you identify as either : (Tick both if it is both)	Do you identify as either : (Tick both if it is both)
Aboriginal or Torres Strait Islander	Aboriginal or Torres Strait Islander
Maiden Name:	Maiden Name:
Relationship status: Married De facto Separated Single	Relationship status: Married De facto Separated Single
Country of Birth:	Country of Birth:
Name of partner (if applicable) *Full Name:*___________________________________ *Mobile:* ___________________________________ Relationship to you:	*Name of partner (if applicable)* *Full Name:*___________________________________ *Mobile:* ___________________________________ Relationship to you:
Emergency Contact Other Than Partner Ms / Miss / Mrs / Mr / Dr Surname:	*Emergency Contact Other Than Partner* Ms / Miss / Mrs / Mr / Dr Surname:
First Name:	First Name:
Relationship to you:	Relationship to you:
Mobile:	Mobile:
Are you registered for My Health Record Yes No	Are you registered for My Health Record Yes No
Referring Doctor:	Referring Doctor:
Referral Date:	Referral Date:
Practice Name:	Practice Name:
General Practitioner:	General Practitioner:
Practice Name:	Practice Name:
Private Health Fund:	Private Health Fund:
Membership (Card) Number:	Membership (Card) Number:
Medicare Card Number:	Medicare Card Number:
Position / Reference: Exp: /	Position / Reference: Exp: /
ALLERGIES:	**ALLERGIES:**
Signature: ....Date:__________	Signature: ....Date:__________
PHOTO ID ***(Driver's License or passport)***	PHOTO ID ***(Driver's License or passport)***