

## Neutral Bay Medical Practice - CBD Medical Practice

Medicare Number										Ref N°	
Department of Veteran Affairs N°						Expiry Date		Month	Year	<div style="border: 1px solid black; width: 40px; height: 40px; margin: 0 auto;"></div> RHCA	

<p><b>Do you have an Australian concession/government card of any type?</b></p> <p><b>Not Student Cards</b></p>	
<b>Type</b>	
<b>Number</b>	
<b>End Date</b>	

<b>File Number</b>
<b>Date Form Completed</b>

Surname		Given Names		Date of Birth	Phone Numbers	
					Home	
Address					Work	
No	Street	Suburb	State	Postcode	Mobile	

Email Address		Marital Status		Country of Birth/Ethnicity	
Employer		Occupation		Smoker No <input type="checkbox"/> Yes <input type="checkbox"/> Cigarettes per day Alcohol Consumption Glasses per week	

<p>How did you find us?</p> <p>Recommendation <input type="checkbox"/> Walk Past <input type="checkbox"/> Family Already at Practice <input type="checkbox"/></p> <p>Patient at our other practice <input type="checkbox"/> Other:</p>	<p><b>Allergies</b></p> <p>If <b>NO</b> allergies, please tick <input type="checkbox"/></p> <p>Substance                      Reaction</p>
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### INSTRUCTIONS and BACKGROUND

The practice takes your privacy very seriously. However, we do require as much accurate medical information as you can provide. Additional contact information is requested so that we can contact you, often in urgent situations.

Please ensure your details are up to date each time you visit the practice. We will usually, given the circumstances, check your details each time you visit.

It is **essential** that we have the following information:

- Name
- Address
- Date of birth
- Medicare Number (**Please bring in your Medicare Card.** If you do not, we cannot submit your claim)
- Contact phone number(s)
- Email address

Ideally:

- Any known allergies and the reaction
- A list of your current medications including the doses, if you are not sure, please bring ALL your medications, even the ones that you do not think that you are taking.

We ask that you provide your **signature** so that this will help to verify correspondence

We require an emergency contact, so we can contact them if for any reason you injured or in an emergency. We may need to contact them if for any reason we cannot contact you with the information given (eg. phone number no longer connected).

Once you have filled out the form please bring it to your consultation.

**Neutral Bay Medical Practice**  
**Level 1**  
**156 Military Road, Neutral Bay**  
**Ph: 9909 1444**

**CBD Medical Practice**  
**Ground Floor**  
**70 Pitt Street, Sydney**  
**Ph: 9231 1000**