

PINNACLE MEDICAL CENTRE

225-229 Sneydes Road, Point Cook, Victoria 3030

NEW PATIENT INFORMATION

Family Name: _____

Given Name: _____

Date of Birth: _____ Gender: _____

Address: _____

Mobile No: _____ Home No: _____

Email address: _____

Medicare Card No: _____ Ref No: _____ Exp _____

Health Care/Pension Card No: _____ Exp: _____

Veteran Affairs No: _____ Exp: _____

Are you Aboriginal Or Torres Strait Islander YES/NO

Do you require an interpreter? YES/NO If yes, what language? _____

Emergency Contact Person: _____

Mobile No: _____ **Home** _____

Relationship: _____

MEDICAL HISTORY

Please Circle if you suffer from any of the conditions listed below

Diabetes **High/Low Blood Pressure** **Heart Condition** **Asthma**

Epilepsy **Other** _____

Are you allergic or Sensitive to any medications? If so please list.

Are you taking regular medication? If so please list.

Privacy Agreement and Patient Consent:

I hereby acknowledge that Pinnacle Medical Centre complies with the privacy Act (1988) and as part of their privacy policy Pinnacle Medical Centre is committed to protecting the privacy and personal information of all patients. I have read the above and consent to Pinnacle Medical Centre collecting, using, storing and disposing of my personal information and authorise the release of relevant information to other health professionals to allow for premium medical care. I agree to be part of a recall register (including State and National registers), to be advised of follow up visits, medical updates and health information and the release of my personal to my prospective employer, their insurer (in the case of a work related consultation). I understand I may withdraw my consent for Pinnacle Medical Centre to use and disclose my personal information (except when legal obligations must be met), and will need to do this in writing.

Signature _____ Date _____

