

Prendiville Ave Medical Centre

Unit 1/4 Prendiville Avenue
Ocean Reef WA 6027

Telephone: (08) 9300 8800
Facsimile: (08) 9300 8810

NEW PATIENT DETAILS

NAME:		
ADDRESS:		
		POST CODE:
PHONE (HOME):	(WORK):	(MOBILE):
DATE OF BIRTH:	SEX: MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
PLACE OF BIRTH:		
MEDICARE NUMBER:	REF:	EXPIRY:
HEALTH CARE /PENSION CARD NUMBER:		EXPIRY:
DVA NUMBER:	EXPIRY:	
PRIVATE HEALTH FUND:		
Patient Background Australia is a multicultural society. We give 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?		
<input type="checkbox"/> No <input type="checkbox"/> Yes. Please elaborate:		
To assist with health initiatives – are you an Aboriginal or Torres Strait Islander?		
<input type="checkbox"/> No <input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/> Yes – Aboriginal & Torres Strait Islander		

Prendiville Ave Medical Centre

Unit 1/4 Prendiville Avenue
Ocean Reef WA 6027

Telephone: (08) 9300 8800
Facsimile: (08) 9300 8810

NEXT OF KIN	
NAME:	PHONE:
RELATIONSHIP TO PATIENT:	
EMERGENCY CONTACT (IF DIFFERENT TO ABOVE)	
NAME:	PHONE:
RELATIONSHIP TO PATIENT:	

Details of person responsible for payment of account if different from patient:

NAME:	DATE OF BIRTH:	
ADDRESS:		
		POST CODE:
PHONE (HOME):	(WORK):	(MOBILE):
MEDICARE NUMBER:	REF:	EXPIRY:

SIGNATURE

DATE