

Moorebank Family Medical Practice



To help us provide you with excellent quality of care it is important that we obtain a complete medical history. Feel free to discuss this your Doctor or ask reception if you are unsure of anything or unable write it down.

Personal Details

MR MS MRS MISS DR (Please Circle)

First Name:	Last Name:		
Date of Birth:	Aboriginal	YES	NO
	Torres Strait Islander	YES	NO
Medicare/DVA Number:	Ref:	Expiry Date:	
Concession Card number:	Ref:	Expiry Date:	
St Address:	Suburb:		
Email Address:	Postal Address (if different to residential address, please advise the receptionist)		
Mobile Phone:	Home Phone:		

Country of Birth:	Marital status:
Interpreter required; (Yes <input type="checkbox"/>) (No <input type="checkbox"/>)	
Preferred language:	Occupation:
Emergency Contact Full Name:	Next Of Kin Full Name:
Relationship to Patient:	Relationship to Patient:
Phone Number:	Phone Number:

Medical History

Do you have known allergies to medication or anything else? YES ☐ NO ☐

If yes, to what are you allergic? _____

What is the reaction? _____

Social History

Do you smoke? No ☐ Yes ☐ Regularity _____ day/week/month

Do you drink Alcohol? No ☐ Yes ☐ Regularity _____ day/week/month

Do you have any family history of chronic disease? _____

I understand that I am not obliged to provide any information requested of me, but failure to do so may compromise the quality of health care and treatment given to me.

Patient/Guardian name _____ Date ____ / ____ / ____

Patient/Guardian Signature _____

Entered by (Staff):	Date:
---------------------	-------

Your medical record will be accessed by relevant health care providers at Moorebank Family Medical Practice for the purpose of providing you quality health care. The Moorebank Family Medical Practice participates in quality improvement and research to improve the quality of care provided to you and your family, the information collected, used and stored remains anonymous to comply with the Australian Privacy Principles contained in the Privacy Act 1998 (Cwth).



**Accredited
General Practice**