Forestville Medical Practice
677 Warringah Road, Forestville NSW 2087

Phone: 9452 4755 | Direct: 9452 4633 | Mobile: 0424 281 677
Fax: 9475 0222 | fmpractice.com
Mon–Thu 8am–6pm | Fri 8am–4pm

New Patient Registration

Please complete all sections clearly in block letters. This form is kept strictly confidential in accordance with the Privacy Act 1988.

1 Personal details

Family name _____ Given name(s) _____

Date of birth (DD/MM/YYYY) _____ Gender (circle: M / F / Other) _____ Preferred name _____

Residential address

_____

Suburb _____ State _____ Postcode _____

Country of birth _____ Preferred language _____

Home phone _____ Mobile phone _____ Work phone _____

Email address

_____

Interpreter required? ■ Yes ■ No

2 Medicare & health fund

Medicare card number _____ Individual reference no. _____ Expiry (MM/YY) _____

Health fund name _____ Membership number _____

Concession card: ■ Pension ■ Healthcare ■ DVA ■ Other _____

3 Emergency contact

Emergency contact name _____ Relationship to patient _____

Phone (primary) _____ Phone (secondary) _____

4 Medical history

Current medications (include dose and frequency, or attach a list)

_____

_____

Known allergies or adverse reactions

Allergy / reaction

Allergy / reaction

Significant past medical history (conditions, hospitalisations, surgery)

Previous GP / practice

Practice name | Phone number

I consent to Forestville Medical Practice requesting my medical records: ■ Yes ■ No

5 Consent & privacy

Your personal and health information is collected to provide you with medical care and is handled in accordance with the Privacy Act 1988 and the Australian Privacy Principles. Information will not be disclosed to third parties without your consent, except where required by law or for the purpose of your care.

I have read and understood the above privacy statement:

Patient / guardian signature | Full name (print) | Date