



Contact Information

Family Name				Given Name			
Title		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary	<input type="checkbox"/> Other	
Date of Birth							
Home address							
Postal Address							
<input type="checkbox"/> same as above							
Home Phone					Consent to home phone messages	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Work Phone					Consent to SMS appointment reminders	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Mobile Phone							
Email Address					Consent to email communication	<input type="checkbox"/> No	<input type="checkbox"/> Yes

Healthcare Identifiers

Medicare Number							IRN	Exp	/	/
DVA File Number								Exp	/	/
Concession (pension/healthcare) card number								Exp	/	/
Private Health Insurance Provider								Exp	/	/
	Name									

Cultural Identity

To assist with health initiatives – are you of Aboriginal and/or Torres Strait Islander descent?

Yes – Aboriginal Yes – Torres Strait Islander Yes – Both Aboriginal & Torres Strait Islander No

Country of Birth			Ethnic Background		
Languages Spoken					
Do you require an interpreter service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Patient Status

Do you have a MHR (My Health Record) Yes No Unsure

Do you have any known allergies/adverse reactions?

Allergies / Intolerances	Reaction	Severity		
		<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
		<input type="checkbox"/> Mild	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe

Current Medications: (Including over the counter medications, vitamins and minerals)

Name	Strength	Dose	Name	Strength	Dose

Next of Kin

Name Relationship to Patient

Phone

Emergency Contact

Name Relationship to Patient

Phone

Consent for a third party to be present during consultation or treatment

Eg: medical student, nursing student, trainee doctor (GP) & interpreter etc.

(Please advise Reception if this decision changes in future)

Yes

No

It is our **Practice Policy** that **patients will not be prescribed** any of the **drugs listed below**.
Therefore, please be kind enough to make your own arrangement for these needs.

1. Oxycontin	9. Methadone
2. Oxynorm	10. Flunitrazepam (Hypnodorm)
3. Endone	11. Rivotril (Clonazepam)
4. Morphine (Kapanol, Ms Contin)	12. Oxazepam (Murelax, Serepax)
5. Alprazolam (Xanax, Kalma)	13. Dexamphetamine
6. Diazepam (Valium, Antenex)	14. Methylphenidate (Ritalin, Concerta, Attenta)
7. Temazepam (Normison)	15. Fentanyl (Durogesic)
8. Nitrazepam (Mogadon, Alodorm)	16. Buprenorphine (Norspan, Subtex, Suboxone)

This policy exists to care for and for the protection of patients, community and doctors.

Please do not be offended if your request is refused under the above conditions. All of our staff have been instructed to treat our patients with respect and courtesy whatever their requests.

Similarly we ask for respect and courtesy from our patients.

When prescribing or supplying medications the doctors take all responsible steps to ensure a therapeutic need exists and doctors do not prescribe to support drug dependence.

It is the patient's responsibility to **give complete and accurate medical history to the doctors** and it is an offense not to do so with the purpose of obtaining drugs.

Abuse of any sort will not be tolerated by our clinic against our staff and may result in care not being provided at all and further informing police department.

I _____, **declare that I have read and understand Epping Family Medical & Specialist Centre's Practice Policy on not prescribing the drugs listed above and will abide by their policy.**

Patient / Parent Signature

Date

PRIVACY POLICY: Your medical record is a confidential document. It is the policy of the practice to maintain security of your personal health information at all times and to ensure this information is only available to authorized members of staff.

IMPORTANT: Please consider your own privacy if you choose to take a family member / friend into your consultation as the practice will interpret this as your implied consent.