

# Tindale Family Practice



## PERSONAL DETAILS INFORMATION SHEET

Please fill in all relevant details as listed below (where applicable) and provide to our Receptionist once completed.

**Please present Medicare card and any other concession cards to our receptionist.**

Surname:	Given Names:
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Date of Birth:	Marital Status:	Mr. Master.	Mrs. Miss.	Ms.
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Street Address:
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Suburb	P/Code:	Home Phone:	Mobile: Work: Email:
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Medicare No:	DVA Number:	Pension/Healthcare Card No:
Exp. Date:	Type of Card.	Exp. Date:
Reference No:	Exp. Date:	Health Fund Name:

Do you identify with any cultural background? If so, please list:
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To assist with health initiatives - are you Aboriginal or Torres Strait Islander?
<input type="checkbox"/> Yes - Aboriginal <input type="checkbox"/> Yes - Torres Strait Islander <input type="checkbox"/> Yes - Aboriginal & Torres Strait Islander <input type="checkbox"/> No

### Emergency Contact

Name:
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Relationship:	Telephone:
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**Next of Kin (Tick if as same above)**

Name:
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Relationship:	Telephone:
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### Confidentiality & Privacy

Tindale Family Practice maintains all medical records under strict confidentiality in accordance with the Commonwealth Privacy Legislation. For more information regarding our privacy policy which includes collection of and management of your personal health information, please obtain a copy from the reception desk.

You have the right to deal with us anonymously or under a pseudonym unless it is impracticable for us to do so or unless we are required or authorised by law to only deal with identified individuals. Please speak to the reception staff if you wish to take this option.

### Consent

I consent to be contacted via the following for test results, appointment confirmations, practice updates and health information.    **SMS**    Yes     No     **Telephone**    Yes     No

I agree to my health record being reviewed as a part of quality improvement activities at this practice    Yes     No



Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_