Bridgeview Family Practice
3-5 Bridge Street
Murray Bridge SA 5253
Ph: (08) 85322536
Fax: (08) 81219213

Patient Information Form

We are committed to providing our patients with the best care. To do this it is essential that your health record is kept up to date and accurate.

Could you please assist us by completing the following:	
Title	☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss
Surname	
First Name	
Date of Birth	

Street Address	
Suburb and Post Code	
Home Phone	
Work Phone	
Mobile Phone	
Email	

Medicare Number & Ref	#:	Expiry:
☐ **DVA Gold** ☐ **DVA White** (Please tick which)	#:	Expiry:
Pension Number	#:	Expiry:
Health Care Card Number	#:	Expiry:
Private Health Cover	Name:	#:

Next of Kin (Name and Telephone number)	
Emergency Contact (Name and Telephone number of the person we can contact if needed)	

Employer Name (If Applicable)	
Employer Address(If Applicable)	
Employer telephone no. (If Applicable)	

Bridgeview Family Practice
3-5 Bridge Street
Murray Bridge SA 5253
Ph: (08) 85322536
Fax: (08) 81219213

Patient Information Form... Cont'd

Reminder Systems

Our practice provides our patients with preventive care and early case detection reminders e.g. immunisations, annual health checks, skin checks and pap smears.

Do you wish to have any relevant health reminders sent to you?	
☐ Yes – by Mail ☐ Yes – by this Email_____ ☐ Yes – by SMS this mobile phone_____	☐ No
If we need to contact you what is your preferred method of contact:	
☐ Home Phone ☐ Mobile	☐ Mail ☐ Email
Are there any health concerns that you would like to receive information on?	

Patient Background

Australia is a genuinely multicultural society. To tailor 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?
☐ No ☐ Yes. Please elaborate:
To assist with health initiatives – are you an Aboriginal or Torres Strait Islander?
☐ No ☐ Yes - Aboriginal ☐ Yes - Torres Strait Islander ☐ Yes – Aboriginal & Torres Strait Islander

Bridgeview Family Practice
3-5 Bridge Street
Murray Bridge SA 5253
Ph: (08) 85322536
Fax: (08) 81219213

Patient Consent:

I consent to my information being disclosed to other health providers participating in my care (eg, Specialists, Pathology Providers, Radiology Providers) □ **No** □ **Yes**

I consent to my information being disclosed to another person/s: □ **No** □ **Yes** (See below)
(e.g. regarding appointment times, results, medical information)
If yes, please list name(s) and relationship of the person(s) to whom authority is given:

Name: _____ **Relationship:** _____
:
Address _____ **Phone No:** _____

Practice Fees

We are primarily a bulk billing practice for all patients who hold a valid Medicare card.

Patients with no valid Medicare card (i.e.: out of date Medicare cards, overseas visitors, new born babies) will be charged as a Private patient. Our standard fee for consultation is $50.00, but may vary depending on the length of your consultation.

Please note there are some services that are not covered by Medicare. This includes insurance medicals, pre-employment medicals, commercial driver licence forms etc. These accounts are the responsibility of the patient and it is up to the patient to obtain reimbursement. For information regarding the fee schedule and length of appointment required for such services please ask at reception.

Workcover, motor vehicle accident consultations are also not covered by Medicare, however if a claim number is provided the Medical Centre can bill directly to the third party.

All accounts are required to be paid in full on the day of your appointment.

Patient (or parent/guardian) Signature: _____ **Date:** ____ / ____ / _____

Bridgeview Family Practice
3-5 Bridge Street
Murray Bridge SA 5253
Ph: (08) 85322536
Fax: (08) 81219213

Patient Information Form... Cont'd

Your Health History

Do you have or have you had a history of the following? (please elaborate)
☐ Operations
☐ Asthma
☐ Diabetes
☐ Hypertension
☐ Chronic Illness
☐ Other
Do you have any allergies or are you sensitive to drugs or dressings?
☐ No ☐ Yes. Please elaborate:

Immunisations

Have you had the following immunisations? (list date where appropriate)			
Tetanus Booster	☐ Yes. Date:	☐ No	☐ Don't Know
Hepatitis B	☐ Yes. Date:	☐ No	☐ Don't Know
Hepatitis A	☐ Yes. Date:	☐ No	☐ Don't Know
Influenza	☐ Yes. Date:	☐ No	☐ Don't Know
Pneumococcal	☐ Yes. Date:	☐ No	☐ Don't Know
Polio	☐ Yes. Date:	☐ No	☐ Don't Know

Children's Immunisations

If completing this form for a child are their immunisations up to date?
☐ Yes ☐ No

Current Medications

Please list all current medications including over the counter medications, vitamins and minerals:

Bridgeview Family Practice
3-5 Bridge Street
Murray Bridge SA 5253
Ph: (08) 85322536
Fax: (08) 81219213

Family History

Have any members of your family had: (please elaborate)
☐ Heart Disease
☐ Asthma
☐ Diabetes
☐ Mental Illness
☐ Cancer

Social History

Do you use any of the following: (list amount where appropriate)	
Tobacco	☐ No. ☐ Yes. Number ____ day / ____ week **or** ☐ Ceased smoking
Alcohol	☐ No. ☐ Yes. Number ____ day / ____ week / ____ month
Drug Use	☐ No. ☐ Yes. Type _____ / Frequency _____

Measurements

Height	_____ cm
Weight	_____ kg

Blood Pressure

When was the last time your blood pressure was taken?

Sun Protection

How often do you use the following to protect yourself from the sun when outdoors?					
Protective clothing	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never
Sunscreen creams	☐ Always	☐ Often	☐ Sometimes	☐ Rarely	☐ Never

For those 65 years and older:

When was the last time you were immunised?			
Influenza	Date:	☐ Not sure	☐ Never
Pneumococcal pneumonia	Date:	☐ Not sure	☐ Never

Females

When did you last have?			
Pap Smear	Date:	☐ Not sure	☐ Never
Breast Check	Date:	☐ Not sure	☐ Never

Males

When did you last have?			
Overall Checkup	Date:	☐ Not sure	☐ Never