



# Women's Wellbeing

## Patient Information Form

Title: Miss, Ms, Mrs, Dr, Mr (Please circle) Given Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_ Known as: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ DVA Number: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Number on card: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin? (Please Circle)  
No / Yes, Aboriginal / Yes, Torres Strait Islander / Yes, both Aboriginal and Torres Strait Islander

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State / Post Code: \_\_\_\_\_ / \_\_\_\_\_

Postal Add: \_\_\_\_\_

Home No: \_\_\_\_\_ Work No: \_\_\_\_\_

Mobile: \_\_\_\_\_ Preferred Contact: Home / Work / Mobile (circle)

Email: \_\_\_\_\_

Health Fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact No(s): \_\_\_\_\_

I give Women's Wellbeing permission to contact my NOK if necessary YES / NO

### **PRIVACY & CONSENT**

I confirm I have read and understood the practice privacy brochure YES / NO

Are you happy for Women's Wellbeing to contact you via SMS (text message) to remind you of your appointments? YES / NO

We have a recall system in place to remind patients when important tests are due. Are you happy to participate in the practice's recall system? YES / NO

Are you happy for Women's Wellbeing to contact you via SMS (text message) to remind you of any tests that are due? YES / NO

Are you happy for Women's Wellbeing to contact you via SMS (text message) with any follow up that may be required? YES / NO

Are you happy for Women's Wellbeing to contact you via email, including our quarterly patient newsletter? YES / NO

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

How did you hear about Women's Wellbeing?

- |  |                                       |   |  |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Previous Patient    | <input type="checkbox"/> Website      | <input type="checkbox"/> Roadside signage     | <input type="checkbox"/> Letter Box Drop |
| <input type="checkbox"/> Word of Mouth (WOM) | <input type="checkbox"/> Yellow pages | <input type="checkbox"/> GPH Staff newsletter | <input type="checkbox"/> Other _____     |

If WOM, Please write the name of the person who recommended us: \_\_\_\_\_