

Medical Records Update

Name: _____ Date of Birth: _____

Address: _____

Suburb: _____ Postcode: _____

Phone Numbers: Home Phone: _____

Work Phone: _____

Mobile: _____

Email: _____

Medicare Card Details:

exp ___/___ Reference No.

Do you identify as Aboriginal or Torres Strait Islander?

- No Yes, Torres Strait Islander
 Yes, Aboriginal Yes, Aboriginal and Torres Strait Islander

Do you smoke?

- No Yes. Number per day _____
 Ex-Smoker. Quit date _____ (Year Commenced _____ Number per Day _____)

Do you have Allergies?

- No Yes. Please provide details _____

****OVERSEAS STUDENTS ONLY:**

Medibank Number Expiry Date _____

Concession Card Details:

CRN: _____ Exp _____

Emergency Contact/Next Of Kin:

Name: _____ Phone Number: _____

This information given by myself is true and correct,

Signed: _____ Date: _____

Please return to reception staff on completion

Thank you.