Hope Island Medical Centre
where good health matters

Welcome to our practice. For information regarding our services and opening hours please ask our reception staff for the practice information booklet.

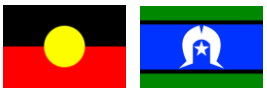
We are committed to providing our patients with the best care, to do this it is essential that your medical records are up to date and accurate. This information is kept strictly confidential.

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

Given Names Surname

Known As Date of Birth / / Sex M ☐ F ☐

Do you identify as being ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither



☐ Aboriginal & Torres Strait Islander

Medicare Number Patient # Expiry Date /

DVA Number Expiry Date / ☐ Gold Card ☐ White Card

Pension / Health Care Card Number Expiry Date / /

Private Health Cover ☐ Basic ☐ Intermediate ☐ Top Fund Name

Street Address

Suburb & Post Code

Postal Address

Suburb & Post Code

Home Phone Work Phone Mobile

Email

Marital Status ☐ Single ☐ Married ☐ De Facto ☐ Separated ☐ Divorced ☐ Widowed Year of Arrival

Occupation Country of Birth

Next of Kin

Name Date of Birth / /

Address

Suburb & Post Code

Home Phone Work Phone Mobile

Relationship to you

Emergency Contact ☐ Same as Next of Kin

Name Date of Birth / /

Address

Suburb & Post Code

Home Phone Work Phone Mobile

Relationship to you

Do you identify as from a culturally diverse and/or non-English speaking background?

☐ China ☐ Greece ☐ India ☐ Iraq ☐ Italy ☐ Sri Lanka ☐ Sudan ☐ New Zealand ☐ Russia ☐ Philippines

☐ Thailand ☐ Korea ☐ Malaysia ☐ Vietnam ☐ Other religious, cultural

Ethnicity

Previous GP Name & Address