

NEW PATIENT INFORMATION SHEET

(please complete all sections and provide a list of medications on the reverse of this sheet)

Personal Information

Mr / Mrs / Ms / Miss / Mstr / Dr (please circle) _____ Date of Birth _____
Surname _____ Given Name/s _____
Gender _____ Preferred Name _____
Phone H _____ W _____ M _____

If you do not want to receive information including appointment reminders via SMS please mark this box { } _____

Address _____
Email _____ Occupation _____
Medicare No. _____ Ref _____ Expiry _____
Health Fund _____ Membership No. _____
DVA No. _____ Card Colour _____ Clear / White / Gold / Orange
Who is responsible for your account? Self / Other (if Other, please provide details below)
Name, Address, Phone, Contact _____

Emergency Contact Information

Full Name _____ Relationship _____
Phone H _____ W _____ M _____

Medical Practitioner Information

Referring Dr _____ Usual GP _____

Referral Information : Referrals provided by a **General Practitioner last for a period of 12 months** unless your Doctor has specified "ongoing" or "indefinite" referral. After 12 months it is essential for you to provide a new referral from your General Practitioner to meet Medicare requirement. If you have been referred by a **Specialist Physician or through a Public Hospital your referral will only last for a period of 3 months**, we recommend obtaining referral from your General Practitioner.

Medical Release

- I provide consent for Peninsula Cardiology to obtain any relevant test results and correspondence relating to my medical history.
- I provide consent for results and correspondence to be sent to my referring and usual doctors as well as other medical professionals involved in my care when requested.
- I provide consent for messages to left with immediate family members (eg. Appointment Confirmation)
- I understand the Consultation Fees due for payment on the day of Consultation (gap payments are not accepted)

Patient Signature _____ Date _____