

DR ALASTAIR TAYLOR

Patient Information Form

Patient ID: _____

Surname _____ Given Names _____

Date of Birth _____ Country of Birth _____

Occupation _____ Do you Identify as Aboriginal &/or Torres Strait Islander? YES NO

Address (street) _____ (suburb) _____ (state) _____ (postcode) _____

Phone (hm) _____ (mob) _____ Email _____

Receive important information regarding your appointment? YES NO Receive newsletters, updates, offers etc. from the CAPS Clinic? YES NO

Emergency Contact (name) _____ (contact number) _____ (relationship) _____

Guardian (if patient under 18) _____ (number) _____ (relationship) _____

Family Doctor (full name) _____ (clinic) _____

Referring Doctor (full name) _____ (clinic) _____

How did you hear about us? _____

Medicare Number _____ Ref No. _____ Expiry Date _____

Health Fund _____ Membership No _____ Date Joined _____

Pension No _____ Expiry Date _____

DVA No _____ Card Colour _____

Allergies (list all including food, latex, medications etc & describe reaction) _____

Medication Alert (list past medical side-effects, dependencies, ineffective drugs etc.) _____

Alcohol YES NO Amount per day _____ Smoker YES NO Amount Per Day _____ Planned Quit Date? _____

COVID-19 Vaccination Status First Dose Second Dose Booster Unvaccinated

Diabetic YES NO Heart Problems YES NO Bleeding Problems YES NO

Medication (list all including herbal with dosage) _____

Name (eg Lipitor) _____ Dosage AM (eg 20mg) _____ Dosage PM _____

Past medical and Surgical History (List all previous operations, dates of surgery, illnesses) _____

If this consultation is for Insurance or Work's compensation Claim please inform the Reception Staff

Please also hand Medicare card to reception staff

Privacy Statement:

It is the policy of The CAPS Clinic our patient's personal health information will only be used or disclosed in the provision of a patients care. The clinic has established a privacy policy in compliance with the National Privacy Act of 2001. Copies of this policy are available on request.