We Care
100% Bulk Billing practice
NO GAP FEES

Cooroy Family Practice
We Care For Your Health

Mr/ Mst/ Mrs/ Ms/ Miss/ Dr

First Name: ---------- **Preferred Name:**----------

SURNAME: ---------- **Gender : Male** ☐ **Female** ☐ **Date of Birth** ------/------/------

Address:---------- **Suburb**----------

Postcode:---------- **Home Phone:**---------- **Mobile**----------

Work Phone:---------- **Email Address:**----------

Are you Aboriginal or Torres Strait Islander? Yes ☐ **No** ☐ **NCACCH Card No:** ---------- **Expiry:**----/----/---

Ethnicity (eg.NZ, Australian, Pacific Islander): ----------

Medicare No:. ---- ---- ---- ---- ---- ---- ---- ---- ---- ---- **Ref:** ---- **Expiry:** ----------/----------

Health Care Card No: ---------- **Expiry:** ------/------/----------

Pension Card No: ---------- **Expiry:** ------/------/----------

Veteran Affairs Card No: ---------- **Expiry:** ------/------/----------

Private Health Insurance: Yes ☐ **No** ☐ **Cover Type: Basic** ☐ **Intermediate** ☐ **Top** ☐

Occupation:---------- **Country of Birth:**----------

Would you like to receive SMS reminders? Yes ☐ **No** ☐

Next of Kin:---------- **Relationship:**---------- **Phone:**----------

Emergency Contact: ---------- **Relationship:** ---------- **Phone:** ----------

This Medical Practice collects information for the primary purpose of providing quality Health Care. We require your personal details and full Medical History to allow us to properly assess, diagnose, treat and advise on all health care needs. By signing this document you are giving your permission for your health information to be shared with others involved in your health care; such as treating Doctors and Specialists within and outside this practice. You are also giving consent to providing de-identified information for quality improvement and research projects. This practice also participates in National and State recall and reminder systems.

Patient Signature---------- **Parent/Guardian (if under 18 yrs)** ----------

Date: ------/------/----------

How did you hear about Cooroy Family Practice?: Cooroy Rag ☐ **Eumundi Green** ☐ **Noosa News** ☐
Facebook ☐ **Website** ☐ **Family/Friends** ☐ **Brochure** ☐ **Email** ☐ **Walk in** ☐
☐ **Other** _____