

**DR KATE CLOWES**  
**MBBS (Hons) FRACGP**

**The Village Hub**

**103 Johnston Street, Annandale 2038**

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## **NEW PATIENT FORM (ADULT)**

This form can either be completed as an editable PDF or printed.

Thank you for completing this form - please bring it to your first appointment.  
Additionally, it would be wonderful if you could bring a copy of your  
Health Summary to your first appointment.

Full Name: .....

Date of Birth: .....

Medicare Number: .....

Medicare Number Expiry Date: .....

Pension or Health Care Card Number: .....

Pension or Health Care Card Expiry Date: .....

DVA number/colour of card/expiry date: .....

Do you have private health insurance? .....

What is your preferred name? .....

What is your gender identity? .....

What pronouns do you like to use?    He/His            She/Hers            They/Theirs

Are you of Aboriginal or Torres Strait Islander origin? .....

Home address (the address that is linked to your Medicare card):  
.....

Email address: .....

Mobile phone number: .....

Home phone number: .....

Work phone number: .....

Please select your preferred phone number?      Mobile      Home      Work

Who should the practice contact in case of emergency? .....

What is their relationship to you? .....

Please provide their contact details: .....

Would you share details about your living arrangements? .....

How did you hear about the practice? .....

Please provide details of your previous GP (Name, address, phone number)

Current health issues...what are the reasons for your visit today?

Current treating practitioners and their speciality...please provide details:

Please provide a list of your current medications (including vitamins and herbs):

Do you have medication or other allergies? .....

Have you experienced medical problems or major health events in the past?

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.....  
.....

What surgery have you had in the past? .....

.....  
.....  
.....

Can you list any medical illnesses that run in your family (Parents, siblings, grandparents, children)?

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.....  
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Do you smoke?    Yes                      No                      I am an ex-smoker (when did you quit?)

Cigarettes? Vape? Cigar or pipe tobacco? Marijuana? .....

Approximate quantity? .....

Do you consume alcohol? .....

Approximately how many drinks would you consume in a week?

.....

Do you engage in regular activity or exercise? .....

Can you describe what these activities are and how often you engage in them?

.....  
.....

Thanks so much for completing this detailed form, it will help us be more efficient in our consultation and I am looking forward to seeing you!

Kindest regards,

**Kate**

*The practice takes your privacy and confidentiality seriously.*

*It has measures in place to ensure your personal information remains private and confidential at all times.*

*Your consent for how the practice uses your personal health information:*

*I agree to my doctor communicating relevant medical details to others involved in my medical care; these might include specialist doctors,*

*allied health professionals, hospitals and pathology labs*

*If you consent, please sign here:*