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NEW PATIENT FORM (CHILD)

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

Thank you for completing this form - please bring it to your child's first appointment.

Child's Full Name:

Name of Parents:

Child's Date of Birth:

Medicare Number:

Medicare Number Expiry Date:

Pension or Health Care Card Number:

Pension or Health Care Card Expiry Date:

Does your family have private health insurance?

Are members of your family of Aboriginal or Torres Strait Islander origin?

Home Address (The address that is linked to your Medicare card):

Your email address/es:

Your preferred phone number/s for contact:

How did you hear about the practice?

Please provide details of your child's previous GP if applicable:
(Name, address, phone number):

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

Has your child experienced medical problems or major health events in the past?

Has your child had any surgery in the past?

Does your child have any medication or other allergies (eg food allergy/anaphylaxis)?

Is your child due for any immunisations?

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

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: