



Health and Wellbeing Wulguru
Shop 4 340 Stuart Drive, Wulguru 4818
Ph: (07) 4778 3355 Fx: (07) 4778 3420

New Patient Form

Title: _____ First Name: _____ Preferred Name: _____

Surname: _____ Date of Birth: ___/___/___ Gender: _____

Please circle one of the following:

Non-Indigenous / Aboriginal / Torres Strait Islander / Aboriginal & Torres Strait Islander

Medicare number: _____ Reference No: _____ Expiry Date: ___/___/___

Please circle one of the following:

Pension / **Health Care Card**

Centrelink Customer Reference Number: _____ Expiry Date: ___/___/___

Commonwealth Seniors Card Number: _____ Expiry Date: ___/___/___

Department of Veteran Affairs: GOLD CARD / WHITE CARD

DVA Card Number: _____ Expiry Date: ___/___/___

Street Address: _____

Suburb: _____

Town: _____ Post Code: _____

Postal Address:(if different from above) _____

Suburb: _____ Post Code: _____

Contact Numbers: Home: _____ Work: _____ Mobile: _____

Email: _____

Please circle one of the following:

Married / Single / Widowed / Divorced / Defacto / Separated

Occupation: _____

Country of Birth: _____ Year of Arrival: _____

Next of Kin: _____ **Relationship:** _____

Address: (if different from above) _____

Phone number: _____ Mobile: _____

Emergency Contact: _____ **Relationship:** _____

Phone number: _____ Mobile: _____

PRIVACY POLICY OF HEALTH & WELLBEING BEING WULGURU

We advise patients of HWBW our need to collect your personal information and store this information in an appropriate manner. This information will be used for your Medical Treatment and Administrative purposes only. In some instances it will be necessary for this practice to share your personal/private information with Healthcare providers involved in your care to facilitate the most appropriate course of action & to achieve the best outcome in providing you with the best of care.

PATIENT SIGNATURE: _____

DATE: _____