



#### PERSONAL DETAILS

Title:..... First Name: .....

Surname: ..... D.O.B.: ...../...../.....

Address:.....

Suburb:..... Post Code: .....

Tel: H: \_\_\_\_\_ M: \_\_\_\_\_

Email: .....

Marital Status:.....

Occupation:.....

Country of Birth:.....

Ethnicity/Background:.....

Are you of Aboriginal or Torres Strait Islander descent?  
Yes No

#### MEDICARE DETAILS

Medicare Number: \_\_\_\_\_

Reference Number (in front of name): \_\_\_\_\_ Expiry Date: ...../.....

Pension/Centrelink Card Number: \_\_\_\_\_

Expiry Date: ...../...../.....

If DVA, which: ORANGE WHITE GOLD

#### ALLERGIES

Are you allergic or sensitive to any medications? YES NO

If YES, please list:.....

#### EMERGENCY CONTACT:.....

Relationship:..... Tel:.....

Next of Kin (if different from above):.....

Relationship:..... Tel:.....

How did you hear about us?

Word of Mouth Flyer Newspaper

Internet Walked past Pakenham Family Health

Other (please specify): .....

#### FAMILY HISTORY

Has any member of your family been diagnosed with diabetes, a heart condition or any form of cancer? If yes please detail:

#### PAST MEDICAL HISTORY

Have you ever been a patient in a hospital, if so for what reason and in which year? .....

Are you diabetic? YES NO If yes, Type 1 OR 2

When was your last Pap smear (Women Only)?.....

Do you suffer from high blood pressure? YES NO

Have you ever suffered from chest pain or shortness of breath?  
YES NO

#### SOCIAL HISTORY

Do you smoke? YES NO  
If YES, how many per day:.....

Have you previously smoked? YES NO  
If YES, when did you give up smoking? :.....

Do you drink alcohol? YES NO  
If YES, how many days per week:.....

#### PRIVACY AGREEMENT AND PATIENT CONSENT

I understand that CBD Doctors Melbourne complies with the Privacy Act (1988) and as part of their privacy policy they are committed to protecting the privacy of individuals and their personal information. My signature below indicates that I have read the above and consent to CBD Doctors Melbourne collecting, using, storing and disposing of my personal information; the release of relevant personal information to other health professionals to allow quality medical care; inclusion in a recall register to be advised of follow up visits; inclusion in national/state reminder systems/registers, medical updates and health information and the release of relevant personal information to my (prospective) employer, their authorised representative and their insurer in the case of a work related consultation or service. I understand that I may withdraw my consent for CBD Doctors Melbourne to use and disclose my personal information (except when legal obligations must be met). For medico legal reasons it is policy of this practice that Doctors have the right to request a chaperone when examining patients of the opposite sex and unaccompanied children as deemed appropriate.

SIGNATURE:.....

DATE:.....

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