



NEW Patient Details Form

Christies Beach Medical Centre

Family Health Care Since 1964
100 Beach Road Christies Beach SA 5165
Postal Address: PO Box 95 Christies Beach SA 5165
Telephone (08) 8384 4444 Facsimile (08) 8384 7374

Family Name: _____

Given Name: _____

Preferred Name: _____

Title: Mr Mrs Ms Mast Miss

Ethnicity Status

Aboriginal Yes/No Torres Strait Islander Yes/No

Country of Birth: _____

Date of Birth: _____

Postal Address: _____

_____ Post Code: _____

Contact Phone: _____

Work/ Mobile: _____

Our practice sends SMS appointment reminders

Medicare No.:

_____ exp _____

Veteran Affairs No.:

_____ exp _____

Concession Card; HCC Pension Student

_____ exp _____

Next Of Kin Name: _____

Relationship: _____ Ph.: _____

Emergency Contact: _____

Relationship: _____ Ph.: _____

Patient/Parent/Guardian Signature:

_____ Date: _____

Please read important
privacy information and
complete authority



OFFICE USE ONLY

File No.: _____

First In: _____

Staff Member: _____

PLEASE BE AWARE THERE IS A FEE TO PAY FOR A CONSULT IF YOU ARE 16 YEARS OLD AND OVER

If this is a Work Cover claim, please inform the
receptionist when returning this form.

PATIENT PRIVACY INFORMATION *please read carefully*

The Christies Beach Medical Centre (CBMC) requires accurate personal information to be collected to ensure your health needs are met, and the associated administrative processes are conducted in your best interest. In some instances information may be shared with other health care providers to ensure the continuity of your health care (e.g. referrals/ Medicare). Risks with electronic communication in that the information could be intercepted or read by someone other than the intended recipient. All information provided to us is held on our premise, in confidence. You have the right to access your medical records if required.

Do you authorise a responsible person to call on
your behalf to access your medical records (e.g.
test results, immunisation data)?

Yes No

If so, please print their full name and their relationship
to you. Your authorisation does not represent an
entitlement for that person to make health care or
medical treatment decisions for you.

Name: _____

Relationship: _____