



SUTHERLAND MEDICAL CENTRE

Shop 2, 800 Old Princes Highway,
SUTHERLAND NSW 2232
Ph 9542 6277 Fax 9542 6288
ABN 72 099 396 906
Email: suthmed@bigpond.net.au



NEW PATIENT FORM

Name: Title Surname Given name

Date of Birth ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married ☐ De facto ☐ Separated ☐ Divorced ☐ Widowed

Medicare No: Exp Date:

Pension, Health Care Card or Vet Affairs (if applic) ExpDate.....

Occupation.....

Home address:

Mobile: Home:

Emergency Contact Name: Relationship to you

Mobile Ph: Home Ph:

List Known Allergies:

List Significant Medical History:

List Regular Medications:

Our practice uses a reminder system to send reminders by mail or telephone for procedures such as vaccinations, Pap tests, skin checks and other health reviews.

I consent to being contacted with reminders for the same purpose ☐ Yes ☐ No

A \$30 cancellation fee is chargeable for failure to attend appointments and failure to cancel 24 hours prior to appointment.

Signed:

Date:

How did you hear about us? ☐ Word of Mouth ☐ Internet ☐ Location ☐ Yellow Pages