



New Patient Information & Consent Form - Child

(To be completed for all individuals under the age of 14)

Child's Details

Title: First Name(s): Middle Name: Surname:

Date of Birth:

Medicare Card Number (10 digits): Ref No: Expiry Date:

DVA Number: Expiry Date:

Pension Number: Expiry Date:

Government Health Care Card: Expiry Date:

Street Address:

Suburb: Post Code:

Home Phone: Mobile:

Parent/Guardian Details

Name: Relationship to Child:

Are you already a patient of this practice? Yes No

If No, please provide the following details:

Surname: Middle Name: First Name(s): Title:

Date of Birth:

Medicare Card Number (10 digits): Ref No: Expiry Date:

Is your address and further contact information the same as this child's? Yes No

If No, please provide the following details:

Street Address:

Suburb: Post Code:

Home Phone: Mobile:

Work: Email:

Please Turn Over



I am authorised to act as the guardian of this child and I agree to act as the primary contact for them in relation to their care and in the event of an emergency. Yes No

Next of Kin

Same as Emergency Contact

Name:

Relationship to Child:

Contact Number:

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Further Information

Is the child of Aboriginal or Torres Strait Islander descent? **Yes** **No**
Aboriginal Torres Strait Islander

Do you or the child have any cultural, religious or other background information you would like the doctor to be aware of?

Do you require a translator? Yes No

How did you hear about us?

HHMP Website Other online Street Signage Other Health Care Provider(s)

Friends/Family Other (Please specify)

What is your preferred method for this practice to contact you:

- Phone call
- SMS
- Email
- Letter

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PLEASE PROVIDE A CURRENT PHOTO ID AND THIS CHILD'S MEDICARE CARD WITH THIS FORM.

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Privacy Policy

(Available at Reception and upon request)

I have read and understood the Privacy Policy and agree for correspondence to be sent to other clinicians involved in this child's care.

Signature:

Date:

Thank you for completing this form. Current and accurate information enables the Practice to keep your records up to date and provide quality care.