

Patient Information

Date:

Title: (please circle) Mr. Mrs. Ms. Miss. Dr. Surname:.....

Given Name:..... Preferred Name:.....

Address:.....

Suburb:.....Postcode:.....

Phone No.: Home.....Work.....Mobile.....

Email:.....

Date of birth:..... Occupation.....

Do you have private health insurance with extras cover: YES / NO Fund:.....

May we have permission to contact your health professional (s):

Doctor:..... Suburb: YES / NO

Specialist:..... Suburb:..... YES / NO

Personal trainer:..... Suburb:..... YES / NO

Psychologist/Counsellor:..... Suburb:..... YES / NO

Podiatrist:..... Suburb:..... YES / NO

Chiro/Osteo/Physio:..... Suburb:..... YES / NO

Other:..... Suburb:..... YES / NO

May we have permission for RE•MED Practitioners to discuss your case YES/NO
Please note that this is an important feature of RE•MED to ensure your treatment is appropriately managed.

Are you currently receiving treatment for any conditions?
.....

Are you currently taking any medications, including natural remedies or supplements?
.....

Do you have any allergies?
.....

Briefly describe any health concerns you have:
.....

Are you a smoker?

How did you find out about this service? (please specify)

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Referred by friend | <input type="checkbox"/> Referred by health practitioner | <input type="checkbox"/> Gift voucher | <input type="checkbox"/> Event stand |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Online discount deal | <input type="checkbox"/> Google | <input type="checkbox"/> Health seminar |
| <input type="checkbox"/> Website (other) please let us know how you found our website: _____ | | | |

OFFICE USE ONLY

- Administration
- General info added to Front Desk
 - Email added to MC
 - Client Referral GV added

- Practitioner
- GP Referral added
 - Tracking added
 - Patient Referral

