

## Patient Information

First name (名) : \_\_\_\_\_ Last name (姓) : \_\_\_\_\_

Known as (别名) : \_\_\_\_\_ Title(称呼): Mr/Mrs/Miss/Ms/Dr/Mst

Date of birth (出生日期) : \_\_\_ / \_\_\_ / \_\_\_\_\_ Gender (性别) :  M (男)  F (女)  Other

Address (地址) : \_\_\_\_\_ Post Code (邮政编码): \_\_\_\_\_

Home Phone (电话) : \_\_\_\_\_ Mobile (手机) : \_\_\_\_\_

Work Phone (工作电话) : \_\_\_\_\_ Email (电子邮件) : \_\_\_\_\_

Occupation (职业) : \_\_\_\_\_ Country of Birth (出生地点) : \_\_\_\_\_

Marital Status (婚姻状况):  Married(已婚)  Single 单身  Other 其他 : \_\_\_\_\_

*Australia is a genuinely multicultural society. To tailor appropriate care and assist with health initiatives, please answer the following*

Are you of Aboriginal and/or Torres Strait Islander?

Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander  No

Cultural Background /Ethnicity (族裔): \_\_\_\_\_

Medicare Number (医保卡号) : \_\_\_\_\_ No. On Card (序号): \_\_\_\_\_

Expiry Date (失效日期): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Concession (社保卡):  Health Care Card (社保卡)  Pension (退休社保卡)  DVA Gold/White

Entitlement No (卡号): \_\_\_\_\_ Exp Date (失效日期): \_\_\_ / \_\_\_ / \_\_\_

Next of Kin (直系亲属)

First name (名) : \_\_\_\_\_ Last name (姓) : \_\_\_\_\_

Relationship to you (关系) : \_\_\_\_\_ Contact Number(联络电话): \_\_\_\_\_

Emergency Contact (紧急联系人)

First name (名) : \_\_\_\_\_ Last name (姓) : \_\_\_\_\_

Relationship to you (关系) : \_\_\_\_\_ Contact Number(联络电话): \_\_\_\_\_

Please Turn Over

## Patient Information

Please tick boxes if you suffer any of the following:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Cholesterol      | <input type="checkbox"/> Diabetes      | <input type="checkbox"/> Artery/Vein problems |
| <input type="checkbox"/> Strokes             | <input type="checkbox"/> Heart disease    | <input type="checkbox"/> Asthma        | <input type="checkbox"/> Bronchitis           |
| <input type="checkbox"/> Emphysema           | <input type="checkbox"/> Thyroid problems | <input type="checkbox"/> Skin problems | <input type="checkbox"/> Cancer               |
| <input type="checkbox"/> Gastro-intestinal   | <input type="checkbox"/> Liver problems   | <input type="checkbox"/> Gynecological | <input type="checkbox"/> Anxiety/Depression   |
| <input type="checkbox"/> Arthritis           | <input type="checkbox"/> Rheumatics       | <input type="checkbox"/> Back problems | <input type="checkbox"/> Urology problems     |

Smoking Status (吸烟史)

- Smoker (目前吸烟)     Ex-Smoker(曾经吸烟)     Never smoked (从未吸烟)

Allergies (过敏史) \_\_\_\_\_

Known Adverse Drug Reactions (已知药物过敏) : \_\_\_\_\_

### Reminder Systems (系统提醒服务)

Our Practice provides our patients with preventive care and early case detection reminders following the guidelines for preventive care as outlined in the RACGP Guidelines for preventive Activities in General Practice. (e.g. immunisations, annual health checks, pap smears)

(我们诊所提供预防医学早期疾病筛查提醒服务，例如，疫苗预防接种，年度健康检查，宫颈癌筛查等等)

Do you offer consent to participate?     YES     NO

请选择是否接受我们的提醒服务：     是     否

*If you elect not to be part of our recall and reminder system a note will be made in your file.*

*When you register as a patient of our practice, you provide consent for our GPs and practice staff to access and use your personal information so they can provide you with the best possible healthcare. This information is strictly confidential and will not be disclosed to any other person without prior written permission.*

(我们承诺严格保护每一位登记入册人士的隐私权.)