East Bentleigh Medical Group
873 Centre Road, East Bentleigh, 3165
Telephone 03 9579 2077 Fax 03 9579 3180
www.ebmg.com.au

DR MR MRS MISS MS Master File no: _____

First name _____ Surname: _____

Aboriginal / Torres Strait Islander Y / N
Other Cultural or Ethnic background Y / N **Specify:** _____

Date of Birth: _____ Country of Birth: _____

Address: _____ Post code: _____

Home phone no.: _____ Mobile no. _____

CARDS MUST BE PRESENTED

Medicare no. _ _ _ _ / _ _ _ _ _ / _ Ref no. _ Expiry Date _ _ / _ _ _ _

Pension no. _____ Expiry Date: _____

Healthcare card no. _____ Expiry Date: _____

Repat no. VX _____ Expiry Date: _____

Next of Kin: Name: _____

Relationship to Patient: _____ Phone no. _____

Emergency contact: Name: _____

Relationship to Patient: _____ Phone no. _____

Do you consent to being placed on a message system to receive appointment reminders? Y / N

Do you consent to being placed on a message system to receive messages regarding your test results? Y / N

Do you consent to disclosure and recording of personal health information to other medical professionals? Y / N
(Releasing of medical information to fellow medical colleagues involved in your care or for professional development)

Do you consent to your doctor updating your 'My Health Record'? Y / N

Signed: _____ Date _____

How did you find out about East Bentleigh Medical Group? _____