



Glenmount
Medical Clinic
ESTABLISHED 1958

Your Health
Our Priority

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



598 High Street Road,
Glen Waverley VIC 3150



03 9802 9101



03 5296 5818



info@glenmountmedical.com
www.glenmountmedical.com



Patient Information

Please tick boxes if you suffer any of the following:

- | | | | |
|--|---|--|---|
| ☐ High blood pressure | ☐ Cholesterol | ☐ Diabetes | ☐ Artery/Vein problems |
| ☐ Strokes | ☐ Heart disease | ☐ Asthma | ☐ Bronchitis |
| ☐ Emphysema | ☐ Thyroid problems | ☐ Skin problems | ☐ Cancer |
| ☐ Gastro-intestinal | ☐ Liver problems | ☐ Gynecological | ☐ Anxiety/Depression |
| ☐ Arthritis | ☐ Rheumatics | ☐ Back problems | ☐ 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.)

