

# MILTON MEDICAL CENTRE

As we are currently updating our database would you please take a couple of moments and update your details

**Please circle**

Title: Mr Mrs Ms Miss

Surname \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_

Suburb \_\_\_\_\_ P/Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Are you Aboriginal/ATSI Yes/ No

**Please tick**

Do you have a:

Health Care Card Pension Card DVA Gold Card DVA White Card None

Medicare Card Number \_\_\_\_\_ Ref #\_\_ Ex Date \_\_\_\_\_

Health Care Card Number \_\_\_\_\_ Ex Date \_\_\_\_\_

Pension Card Number \_\_\_\_\_ Ex Date \_\_\_\_\_

DVA Gold/White Card Number \_\_\_\_\_ G/W please specify \_\_\_\_\_

**Please tick**

Have you submitted banking details with Medicare to receive your rebate electronically through 'Easyclaim'?

Yes / No

*Please see reception staff for a Medicare Bank Account Details Collection form.*

**Emergency contact details;**

Name \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Phone Number/s \_\_\_\_\_

Do you consent to receive Text Messages to confirm upcoming appointments? Yes / No

Would you consent to have your photo attached to your Medical File? Yes / No

*Thank you for taking the time to update your details with Milton Medical Centre.*