



ST LUKE'S CARE
CLINIC

PATIENT DETAILS FORM

Please email to clinicrec@slc.org.au

Clinic use only

Surname: _____

Given Names: _____

Date of Birth: _____

Please print clearly

PERSONAL DETAILS

Title: _____ Given Name: _____ Preferred Name: _____

Surname: _____ Previous Name (if applicable): _____

Date of Birth: _____ Gender: Male Female Non-Binary Preferred term: _____

Residential Address: _____

Postal Address (if different to above): _____

Telephone (best contact number): _____ Other: _____

Email: _____

Country of Birth: _____ Language spoken at home: _____

Do you require an interpreter? No Yes If Yes, Language: _____

Are you of Aboriginal or Torres Strait Islander origin? No Yes Both

MEDICARE DETAILS

Medicare No: _____ Medicare Reference No: _____ Valid to: _____

HEALTH INSURANCE DETAILS

Insurance Type: Private Health Fund Workers Compensation/CTP DVA ADF Self Funded

Name of Health Fund: _____ **Type of Cover:** _____

Membership No: _____ Do you have an excess? Yes No

Workers Compensation Fund/CTP: _____

Claim Number: _____ Date of Injury: _____

Case Manager Name: _____

Contact Number: _____

Email: _____

Serving Member of ADF? No Yes

DVA Number: _____ DVA Card Colour: _____

Details of cover (white card only): _____



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EMERGENCY CONTACT

Name: _____ Relationship to Patient: _____

Contact Number: _____

Second Contact: _____ Relationship to Patient: _____

Contact Number: _____

GP DETAILS

Name: _____ Contact Number: _____

Practice Name: _____

REFERRING DOCTOR *(if applicable)*

Name: _____ Contact Number: _____

Practice Name: _____

PREVIOUS HOSPITALISATION

Have you ever been treated at St Luke's Care (Private Hospital or Lulworth House) before?

No Yes If Yes, Year: _____

INFECTION CONTROL

Have you ever had a multi resistant organism? MRSA, VRE, ESBL? No Yes Date: _____

PLEASE NOTE: If you have any acute respiratory symptoms, please contact your Doctor or The Clinic before attending St. Luke's Care Clinic.

PATIENT RESPONSIBILITY

I acknowledge that I have read and understand the information regarding Responsibility of Personal Items and Privacy Information.

Name: _____ Date: _____

Signature: _____