

INSTRUCTIONS

Thank you for taking the time to fill in the attached "Front Sheet".

Please fill in as much as you as you can. The more past history that you can fill in the better the doctor can understand your presenting problem.

It is essential that we have the following information:

- Name
- Address
- Date of birth
- Medicare Number (Please bring in your Medicare Card, if you do not, we cannot bulk bill you)
- Contact phone number(s)
- Emergency Number is required if we ever needed to contact someone urgently on your behalf, a mobile phone number would be helpful!
- Signature – this is an accreditation requirement so that we can compare your signature with any request for release of this information.

Ideally:

- Any known allergies and the reaction
- A list of your current medications including the doses

Once you have filled out the form you can either

- Bring it in to the surgery

OR

- Fax it to the following numbers:

Neutral Bay Medical Practice – 11/40 Yeo Street, Neutral Bay – Fax 9909 2944
CBD Medical Practice – 70 Pitt Street, Sydney – Fax 9231 4500