

# George Street Consulting Rooms

Address: Suite7, 83 George St, Parramatta NSW 2150  
Email: reception@georgestreetcr.com.au  
Phone: (02) 9633 5155  
Fax: (02) 9633 5166

## PATIENT INFORMATION

### CONFIDENTIAL

<b>FOR OFFICE USE ONLY</b>	<b>PATIENT REF NO:</b>	
----------------------------	------------------------	--

<b>TREATING DOCTOR:</b>	
-------------------------	--

<b>DATE:</b>			
<b>TITLE:</b>		<b>OTHER:</b>	
<b>SURNAME:</b>			
<b>FIRST NAME:</b>			
<b>DOB:</b>			
<b>MEDICARE NO:</b>		<b>REF:</b>	<b>EXP:</b>
<b>ADDRESS:</b>			
<b>SUBURB:</b>		<b>POSTCODE:</b>	
<b>HOME PHONE:</b>			
<b>WORK PHONE:</b>			
<b>MOBILE:</b>			
<b>EMAIL:</b>			
<b>MARTIAL STATUS:</b>			
<b>OCCUPATION:</b>			
<b>NEXT OF KIN:</b>			
<b>NEXT OF KIN CONTACT:</b>			
<b>REFERRING DOCTOR:</b>			
<b>DOCTOR'S ADDRESS:</b>			
<b>DO YOU HAVE PRIVATE HEALTH INSURANCE?</b>			

<b>OTHER NOTES:</b>

**ARE YOU A (PLEASE TICK ONE): ABORIGINAL      TORRES STRAIT ISLANDER  
NEITHER**

**HAVE YOU BEEN TO ANOTHER PSYCHIATRIST BEFORE? IF SO, PLEASE PROVIDE  
THEIR DETAILS, AND DATE OF LAST CONSULTATION.**

--

**PLEASE PROVIDE THE DETAILS OF YOUR CHEMIST (FOR WHEN WE HAVE TO SEND  
THE PRESCRIPTIONS TO THEM)**

<b>NAME &amp; ADDRESS</b>	
-------------------------------	--

<b>PHONE</b>	
--------------	--

<b>FAX/EMAIL</b>	
------------------	--

**CANCELLATION FEES: MAY BE CHARGED BY YOUR TREATING DOCTOR IF 24 HOURS  
NOTICE OF CANCELLATION IS NOT GIVEN OR YOU MISS YOUR APPOINTMENT.**

**PLEASE SIGN AS ACKNOWLEDGEMENT ..... (INITIALS ARE OK)**