Hawthorn Sports Medicine

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03 9819 3499
03 9819 4599
admin@hawthornsportsmedicine.com.au

Title: Dr / Mr / Mrs / Ms / Miss /Other_____ **Date of Birth**: _____/_____/_____
(Please circle)

Surname: _____ **Given Name/s**: _____

Address: _____ **Suburb**: _____

Post Code: _____ **Mobile**: _____ **Home**: _____

Email Address: _____

Emergency Contact Name: _____ **Contact Number**: _____

Relationship to You: _____

Parent/Guardian Name (for patients under the age of 18) and DOB: _____

Are you of Aboriginal or Torres Strait Islander descent? **Yes/No**

Medicare Card Number: _____ _____ ___ **Individual Reference Number**:____ **Expiry Date**: __/_____

Health Care Card (Government Issued) ☐ **Pension Card** ☐ **DVA Gold Card** ☐

Card Number: _____ **Expiry Date**: _____/_____/_____

Is this WorkCover/TAC? Yes/No. If yes, please provide us with the claim number: _____

Person Responsible for Payment
Self Parent/Guardian DVA (please circle)

Referrer Details

Doctor/Physiotherapist/Chiropractor: _____

Practice Name: _____

Address: _____

Phone number: _____ **Email**: _____

Medical History (if detailed on GP referral, completion not required): _____

Please Turn Over ->

Do you have any allergies? YES NO **If yes, please detail:**

Do you take any prescription medications? YES NO

If yes, please list: _____

Do you take any nutritional or health supplements, e.g., glucosamine and/or fish oil? If so, please list:

I hereby consent to any correspondence letters being emailed or faxed to my referring practitioner/s. This includes an emailed copy to me.

Patient Signature: _____ **Date:** _____

Parent/Guardian Signature:_____ **Print Name:**_____

Doctors are covered by the Health Privacy Principles as set out in the Health Records Act (Vic) 2001 and the Australian Privacy Principles, as set out in the Privacy Act 1998.

Use of Technology: Our clinic may use secure Artificial Intelligence (AI) technology to assist with administrative and clinical processes for appointment management and documentation support. All use of AI complies with privacy, confidentiality, and data protection laws as stated above.

Please enquire with administration staff or your treating doctor if you have queries or would like to withdraw your consent for AI utilisation in your consultation.