



Hunters Hill Medical Practice - New Patient Form



HHMP is a private billing practice, bulk billing is only available in exceptional circumstances

Personal Information

Title: First Name: Middle Name: Surname:
Date of Birth: / / Birth Sex: M ☐ F ☐ Other ☐ Gender Identity: M ☐ F ☐ Pronouns:

Do you identify as Aboriginal or Torres Strait Islander?

Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐

Medicare Card Number: Ref No: Expiry Date: / /
Concession :
DVA ☐ Health Care Card ☐ Pension ☐ Number: Expiry Date: / /

Street Address: Suburb: Post Code:
Postal Address if different to above:
Contact Number: Home: Mobile: Email:

Next of Kin (or Parent / Guardian)

Name: Contact Number: Relationship:
Emergency Contact (or 2nd Parent / Guardian)
Name: Contact Number: Relationship:

Cultural Background: Interpreter Needed? Yes ☐ No ☐ Language:
Other relevant information:

How did you hear about us?

Word of Mouth ☐ Signage ☐ Google ☐ Live/Work Locally ☐ Website ☐ Facebook ☐ Instagram ☐ Other ☐

Confidentiality and Privacy

Your doctor(s) will need to collect your personal information to provide healthcare services to you.
Such information may need to be shared with other healthcare providers to facilitate your care.
Medical records are maintained under strict confidentiality in accordance with all Commonwealth Privacy Legislation.
For more information please refer to the privacy policy located at reception.

I consent to being contacted via SMS, phone and/or email for appointment confirmations, reminders, practice updates and health information?

☐ SMS ☐ Phone (non-urgent) ☐ Email

**I have read the privacy policy and accept the terms as specified in it.
I understand that general email is not a secure form of communication**

Signature: Date: / /



150 Years of Medical Excellence
Hunters Hill Medical Practice

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