|  |  |  |  |
| --- | --- | --- | --- |
| Title: | Last name: | First name: | Second/other names: |
|  |  |  |  |
| Preferred name: | Date of birth: | Age: | Assigned sex at birth: |
|  |  |  |  |
| Gender identity: | Sexual preference: | Relationship preference: | Sexual preference: |
|  |  |  |  |
| Preferred pronoun | Gender re-assigned? | Gender transitioning? | Ethnicity: |
|  |  |  |  |
| Full address including post code: |  | | |
| Occupation: | Mobile number: | E-mail: | Individual Healthcare Identification Number (IHI) |
|  |  |  |  |
| Medicare number | Medicare reference number | Private health fund: | Private health fund membership number: |
|  |  |  |  |
| GP Name: | GP telephone number: | GP fax: | GP E-mail address: |
|  |  |  |  |
| GP Office address including post code: |  | | |
| Next of kin: | Relationship: | Next of kin mobile: | Next of kin E-mail: |
|  |  |  |  |
| Next of kin address including post code: |  | | |
| Other professionals: | Telephone number: | Fax: | E-mail address: |
|  |  |  |  |
| Address including post code: |  | | |
| Full Name of Person responsible for fees: | Date of Birth: | Medicare number: | Medicare reference number: |
|  |  |  |  |
| Mobile: | Email address: | Additional notes: |  |
|  |  |  |  |

Dear patient. Kindly fill up as much information as possible as this allows us to provide you with a smoother service. Letters to GP and other professionals are received sooner. You can find your IHI number by logging in to your myGov account. IHI is a requirement for you to receive an electronic script.