

# SHILOH MEDICAL PRACTICE

120 Edwardes Street  
PO Box 172  
DENILQUIN NSW 2710  
Ph (03) 58817597  
Fax (03) 58816831  
Email [manager@shilohmedical.com](mailto:manager@shilohmedical.com)

## REQUEST TO BECOME A PATIENT

As this practice has a waiting list for new patients admissions we ask that you fill out this information sheet in advance so that we have your details on file prior to a vacancy appearing on the waiting list. You will be phoned by staff if a vacancy becomes available.

DATE: \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ ATSI/OTHER CULTURE \_\_\_\_\_

ALLERGIES \_\_\_\_\_

CURRENT DOCTOR \_\_\_\_\_

DIABETIC YES    IDDM    NIDDM    NO   

MEDICAL HISTORY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CURRENT MEDICATION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OFFICE USE ONLY

RECEIVED BY	ACCEPTED	DECLINED	STAFF MEMBER
-------------	----------	----------	--------------