

# Metceni Health – New Patient COVID-19 Vaccination Clinic

## Patient Details

Title -Mr -Mrs -Miss -Ms -Dr Other .....

Surname ..... Given Names .....

Preferred Name .....

Home Address .....

Suburb ..... Postcode .....

Phone (home) ..... (mobile) .....

Email ..... DOB ..... / ..... / .....

Are you of Aboriginal or Torres Strait Islander origin? -Yes -No

If yes: -Aboriginal -Torres Strait Islander -Aboriginal and Torres Strait Islander

### Medicare or concession card number:

Medicare Number ..... Patient Number on Medicare Card ..... Exp ..... / ..... / .....

-PCC, -HCC, DVA -Gold or -White Number ..... Exp ..... / ..... / .....

Eligibility Status confirmation documentation supplied (if applicable): -Yes -No

Next of kin or  Emergency contact

Name .....

Relationship ..... Phone Number .....

## COVID-19 Vaccination Clinic

Vaccine details will be recorded in the Australian Immunisation Register (AIR) and reminders will be sent in relation to a follow up appointment for the second dose of the COVID-19 vaccine.

Signature of patient or guardian ..... Date ..... / ..... / .....