

# LAKESIDE SQUARE MEDICAL CENTRE

Shop 2, 9 Village Way, Pakenham VIC 3810  
Ph 03 9796 2111, Fax 03 9796 2137

## UPDATE or CORRECT YOUR DETAILS

### Previous Personal/Contact Details:

Title: ..... Surname: .....  
.....  
First Name: .....  
Preferred Name: .....  
Date of Birth: ..... / ..... / .....  
Address: .....  
.....  
Postcode: .....  
Home Phone: ..... Work Phone: .....  
.....  
Mobile Phone: .....  
Email address: .....  
Medicare Number: ..... Ref: ..... Expiry: .....  
.....  
DVA Number: ..... Gold  White   
Pension / Health Care Card Number: ..... Ref: ..... Expiry: .....  
.....  
Individual Healthcare Identifier Number: ..... Number Status:.....  
Next of Kin (in case of an emergency): .....  
.....  
Relationship: ..... Contact Number: .....  
Address: .....  
.....

### New Personal/Contact Details (if different from above):

Title: ..... Surname: .....  
.....  
First Name: .....  
Preferred Name: .....  
Date of Birth: ..... / ..... / .....  
Street Address: .....  
.....  
Postcode: .....  
Home Phone: ..... Work Phone: .....  
.....  
Mobile Phone: .....  
Email address: .....  
Medicare Number: ..... Ref: ..... Expiry: .....  
.....  
DVA Number: ..... Gold  White   
Pension / Health Care Card Number: ..... Ref: ..... Expiry: .....  
.....  
Individual Healthcare Identifier Number: ..... Number Status:.....  
Next of Kin (in case of an emergency): .....  
.....  
Relationship: ..... Contact Number:.....  
Address: .....  
.....

**It is vital that we have your up to date details.**

**Thank you for taking the time to provide us with this information.**

**Signed:** ..... **Date:** ..... / ..... / .....