

**Section A (patient or guardian / carer to complete)**

<input type="checkbox"/> Updating existing patient details			
Title:	Given name(s):	Family name:	
Preferred name:			Date of birth (DD/MM/YYYY):
Residential address:		Suburb / Town:	Postcode:
Postal address (if different from residential address):		Suburb / Town:	Postcode:
Mobile number (or landline, if mobile not available):		Email address:	
Are you of Aboriginal and / or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander			
Preferred contact person (if different from patient):		Relationship:	
Mobile number (or landline, if mobile not available):		Email address:	
How would you like us to contact you? (You may select more than one option) <input type="checkbox"/> Text message <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mail			

**Section B (patient or guardian / carer to complete)**

• A Medicare card number is required to be eligible for PTSS.			
Medicare number:		Expiry date (MM/YY):	
<b>Please tick if any of the following apply to you:</b>			
<input type="checkbox"/> Department of Veterans Affairs	Card number:	Expiry date (DD/MM/YY):	Card type (e.g. gold):
<input type="checkbox"/> Healthcare card	Card number:	Expiry date (DD/MM/YY):	
<input type="checkbox"/> Pensioner concession card	Card number:	Expiry date (DD/MM/YY):	
<input type="checkbox"/> Commonwealth Seniors card	Card number:	Expiry date (DD/MM/YY):	

**Section C (patient or guardian / carer to complete)**

<i>The information provided is true and accurate at the time of application. I give my permission for Hospital and Health Service staff to obtain information about my / my child's / my ward's medical condition for the purpose of administering my application and to disclose relevant information, including a copy of this form, to approved travel / accommodation providers for the purpose of administration of the Patient Travel Subsidy Scheme (PTSS). I understand that I must keep copies of receipts / invoices for accommodation and transport, and may be asked to provide these to Hospital and Health Service staff.</i>	
Patient (if 18 years or over) or Guardian / Carer (if under 18 years) signature:	Date (DD/MM/YYYY):
Guardian / Carer name:	Contact number:

**Hospital and Health Service use only**

Identification number:		
Proof of residency sighted / provided (e.g. QLD licence, electricity / gas bill, other acceptable documents)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Concession card(s) sighted / provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sighted by – staff name:	Signature:	Date (DD/MM/YYYY):