New Patient Registration Form

The Doctors and Staff at this clinic are committed to whole patient care. This includes preventive care as well as ongoing care. To enable us to carry this out, please complete the following form. This information will be treated confidentially. Thank you for your assistance. Please return this form to the receptionist once you have finished completing it, together with your Medicare card and any concession cards.

Personal details

Title....................First Name..
Surname..
Date of Birth........./........../...........
Gender Male ❑ Female ❑
Address..
....
Email address : ……………………………………………
Do you consent to be contacted by email and/or SMS: Email: yes no SMS: yes no
Home Phone...Mobile Phone...
Occupation..
Medicare number:……………………………… Number on card: …………… Expiry: ….......
Pension/DVA number:…………………………Number on card:……………Expiry:………

Ethnic Background

- Are you Aboriginal or Torres Strait Islander?

(If Yes, you may be entitled to increased Medicare benefits)

No ❑ Torres Strait Islander ❑ Aboriginal ❑

- Your cultural background may increase your risk of certain illnesses.

To help us provide you with the highest standard of care, please let the practice know your cultural background and /or language.

Cultural background ....
Country of birth...
Language..

Next of Kin

Name: ………………………………… Phone: …………………………………………
Relationship: …………………………..

Emergency Contact

Who should we contact in an emergency situation?
Name ....
Relationship ....
Phone ....Mobile..

Marital status

Married ❑ De-facto ❑ Single ❑ Widowed ❑ Divorced ❑ Separated ❑

Private Health Insurance

No ❑ Yes ❑: Hospital ❑ Extras ❑

Reminder System

This practice takes a preventive approach to your health. You may receive reminder letters or be reminded at your next visit of ongoing follow-up for preventive care. If you do not want to part of this system, please inform the receptionist. This correspondence may be via email or SMS text message.

Privacy

We must obtain your consent for messages to be left on your telephone answering machine or with whoever answers your phone regarding matters involving your health. We may also send SMS appointment reminders or email Reminders. Please sign below to give your consent for this to occur.

How did you hear about our surgery? ……………………………………………………………

Signature ....Date...