



Pty.Ltd. ACN 006 552 334  
ABN 26 006 552 334

## Patient Registration Form

**\* Indicates Compulsory Fields**

\* Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

\* Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \* Gender: \_\_\_\_\_

If patient is under 16 years of age:

Parent/Guardians Name: \_\_\_\_\_ Mother or Father D.O.B \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_

Cultural Background:

\* Are you of (please tick) - Aboriginal  Torres Strait Islander

\* Country of Birth/Ethnicity: \_\_\_\_\_

Is English your first language? \_\_\_\_\_ Do you require an interpreter? \_\_\_\_\_

Personal Details:

\* Home Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

\* Home Ph No. \_\_\_\_\_ Work Ph No. \_\_\_\_\_ Mobile \_\_\_\_\_

\* Medicare Card No. \_\_\_\_\_ Ref No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

\* If Pensioner or HCC, Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Full Pension: \_\_\_\_\_ Part Pension: \_\_\_\_\_ Health Care Card: \_\_\_\_\_

\* If DVA Patient, DVA No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_



Pty.Ltd. ACN 006 552 334

ABN 26 006 552 334

## Patient Registration Form

\* Indicates Compulsory Fields

\* Who can we contact in an Emergency: \_\_\_\_\_

\* Contact Phone No. (In case of an Emergency) \_\_\_\_\_

\* Next of Kin Name: \_\_\_\_\_

\* Next of Kin Relation: \_\_\_\_\_

\* Next of Kin Contact No: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Allergies:

Please list any allergies: \_\_\_\_\_

Do you have an advance care directive for end of life care? \_\_\_\_\_

For more information talk to your GP.

### Consent:

Our practice sends information to The Australian Childhood Immunisation Register and Pap Smear register. These registers also send reminders.

I consent to being contacted with reminders to help me maintain my health.

Yes \_\_\_\_\_ No \_\_\_\_\_

(Signature of Patient) \_\_\_\_\_ (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment is required on day of consultation. Our terms provide that in the event of this account remaining unpaid and being referred to a debt collection agency and/or law firm, all collection and legal demand costs will be added to the account.