

## New Patient Registration Form

<p><b>Personal Details</b></p> <p>Title: Miss / Ms / Mrs / Mast / Mr / Other: _____</p> <p>Family Name: _____</p> <p>Given Name/s: _____</p> <p>Preferred Name: _____</p> <p>Date of Birth: _____</p> <p>Address: _____ _____</p> <p>Postal Address: _____</p> <p>Home Phone: _____</p> <p>Mobile Phone: _____</p> <p>Email: _____</p> <p>Occupation: _____</p> <p>If completing form for a child under the age of 18 please nominate a "head of family" for Medicare claiming below.</p> <p>Name: _____</p> <p>D.O.B: _____</p>	<p><b>Medicare Details</b></p> <p>Card Number: _____</p> <p>Ref # _____ Exp: _____</p> <p>Do you have any of the following? Please circle</p> <p>Pension    Health Care    Veterans Affairs Card</p> <p>Number: _____</p> <p>Expiry date: _____</p> <p><b>Emergency Contact</b></p> <p>Who can we contact in an emergency?</p> <p>Name: _____</p> <p>Phone: _____</p> <p>Relationship: _____</p> <p><b>Next of Kin</b></p> <p>Same as emergency contact    <input type="checkbox"/></p> <p>Name: _____</p> <p>Phone Number: _____</p> <p>Relationship: _____</p>
<p><b>Cultural Background</b></p> <p>Knowing your cultural background can help us provide health care that meets your individual needs.</p> <p>Do you identify as Aboriginal or Torres Strait Islander origin?    <input type="checkbox"/> No    <input type="checkbox"/> Aboriginal    <input type="checkbox"/> Torres Strait Islander</p> <p>Do you identify with another cultural group? _____</p>	
<p><b>Medical History:</b> _____ _____</p> <p><b>Allergies:</b> _____</p>	
<p><b>Transfer of records:</b> You may have consistently seen a GP at another practice, the health information held by that practice may assist us with your future healthcare needs. You may wish for a copy or health summary to be transferred to this practice. Please ask reception for information about how this can be arranged.</p>	

We need this information to provide the best quality care. This form complies with RACGP standards for general practices. This means your personal health information is kept private and secure, as required by state and federal law. If you have any concerns please discuss them with your health care provider.

Please notify us promptly of any changes in your contact details. Accurate contact details enable us to identify you and your medical records, and to contact you promptly if required.