

NEW PATIENT REGISTRATION FORM

PLEASE HAND PAGE 1 TO THE RECEPTION AND TAKE PAGE 2 INTO THE DOCTOR

Complete Name(s) As it appears on Medicare card	Please circle Mr Mrs Ms Master Miss Other: _____ Given Name: _____ Surname: _____
Date of Birth:	/ /
Gender Identity:	
Postal Address:	
Residential Address: (if different from above)	
Ethnicity Status:	Aboriginal YES () NO () Any other ethnic group YES () NO () Torres Strait Islander YES () NO () Other (please specify)
Contact Numbers:	Mobile: _____ Work: _____ Home: _____
Medicare Number:	Ref No: _____ Line No: _____ Exp: _____ / _____
DVA Number:	EXP: _____ GOLD () WHITE ()
Health Care/Pension Concession Card:	EXP: _____ HCC () PENSION ()
Emergency Contact:	Full Name: _____ Relationship: _____ Contact No: _____
Next of Kin: (if different from Emergency Contact)	Full Name: _____ Relationship: _____ Contact No: _____ Do you give consent for us to provide information relating to your medical history to a family member YES () NO () (This does not apply for patients under the age of 15) Name: _____ Relationship: _____ Contact No: _____
<p>Do you consent to the clinic sending a Recall (Follow Up Appointment) SMS reminder to your mobile phone? YES () NO ()</p> <p>Do you consent to SMS reminders being sent for any future appointments to your mobile phone? YES () NO ()</p> <p>Do you consent for us to leave a message on your voicemail/answering machine? YES () NO ()</p> <p>There may be a need for our Allied Health Professionals (i.e. Psychologists, Dietitians, Podiatrists etc) to access your medical details. Do you consent for this? YES () NO ()</p> <p>Policies & Procedures Compensation accounts: This practice does not issue accounts for consultations regarding third party/workers compensation cases, full payment will be required at the time of the consultation. A reminder that patients who are under workers' compensation or motor vehicle accident insurance, are responsible for all accounts incurred.</p> <p>Non Attendance/Short Notice Cancellation Fees: This practice requires a minimum of 2 hours' notice for cancellation of appointments. Short notice cancellation or failure to attend your appointment may result in a non-rebatable fee.</p> <p>SIGNED: _____ DATE: _____</p> <p>STAFF USE ONLY Initials: _____ Date: _____</p>	

PLEASE COMPLETE THE FOLLOWING PAGE AND TAKE THIS INTO THE DOCTOR WITH YOU

FULL NAME: _____ **DOB:** _____

CURRENT WEIGHT: _____ **CURRENT HEIGHT:** _____

ALLERGIES:

Do you have allergies or are you sensitive to drugs or dressings: YES () NO ()
Details: _____

FAMILY HISTORY:

Do you have any relevant family history e.g. Diabetes? YES () NO ()
Details: _____

SOCIAL HISTORY:

- Do you smoke? YES () NO () Never () Ceased smoking date: _____
- Do you drink alcohol YES () NO () if yes how many standard drinks per week? _____
- Drug use: _____ (Type and frequency)

PAST MEDICAL HISTORY

Have you ever had an operation? YES () NO ()
Details: _____

Do you have:

Hypertension (High blood pressure) YES () NO () Approx. date diagnosed _____
Diabetes YES () NO () Approx. date diagnosed _____
Asthma YES () NO () Approx. date diagnosed _____
Other/s _____ Approx. date diagnosed _____

OVER 65 YEARS: When was the last time you were immunized?

Influenza Date: _____ Unsure () Never ()
Pneumococcal pneumonia Date: _____ Unsure () Never ()

FEMALES ONLY: When did you last have?

Pap smear Date: _____ Unsure () Never ()
Breast check Date: _____ Unsure () Never ()

MEN ONLY: When did you last have?

An overall check-up Date: _____ Unsure () Never ()

CHILDRENS IMMUNISATIONS: - If completing this form for a child, are their immunisations up to date?

YES () NO () UNSURE ()

CURRENT MEDICATIONS:

Your privacy is very important to us. It is the policy of this practice to maintain security of personal health information at all times and to ensure that this information is only available to authorized members of staff. The information collected in this form will be kept confidential at all times. All staff employed at this clinic are bound by a confidentiality agreement in accordance with accreditation standards. A copy of our privacy policy is available at the front desk.