

New Patient Registration Form

We need this information to provide the best quality care. Your personal health information is kept private and secure as required by federal and state privacy laws. If you have concerns, please leave blank and discuss with your GP. Please notify us promptly of any changes in your contact details. Accurate contact details help us identify you and your medical records, and allow us to contact you promptly about tests and results.

Section A: Personal details

Title		Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Defacto <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
First Name		Middle Name						
Surname								
Date of birth (DD/MM/YY)	__ / __ / __		Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female		
Medicare No.	_____ ()		Medicare Expiry	__ / __				
Pensioner Concession Card	_____		Expiry Date	__ / __ / __				
Health Care Card (CRN)	_____		Expiry Date	__ / __ / __				
Veterans Affairs No. (DVA)			Expiry Date	__ / __ / __				
Home Address							Postcode	
Postal Address							Postcode	
Home Telephone No.		Work No.		Mobile No.				
Emergency Contact								
Name							Relationship	
Home Telephone No.		Work No.		Mobile No.				

Section B: Cultural background

Knowing your cultural background can help us provide healthcare that meet your individual needs.

Are you of Aboriginal or Torres Strait Islander origin?

No Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Other cultural background (e.g. Mediterranean, Asian, European)

Country of birth		Year arrived in Australia	
Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, do you require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spoken language		Occupation	

Section C: Consent

Our practice has secure computerised medical records which are available to all GPs in the practice. Information may also be sent to other healthcare providers you are referred to.

I consent to my medical records being available to all GPs in the Practice and to other health care providers I am referred to so my health is better cared for.

Yes No

Our practice uses a reminder system to help you maintain your health. The practice sends reminders by post for procedures such as vaccinations, Pap smears and other health reviews. We also send information to the Australian Immunisation Register and Cervical Screening Test Register. These registers also send reminders, which can assist you if you move.

I consent to being contacted with reminders mentioned above from this practice and other Government Registers to help me maintain my health.

Yes No

Signature of patient or guardian		Date	
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Section D: Information Use

Your information may be given to others outside the practice, for example to use in research, so we can improve care to our patients. This information usually will not identify you. If it could identify you, we will ask for your consent, which you can refuse to give.

Please advise us if your contact or Medicare details change