

New Patient Registration form

We need this information to provide the best quality care. This form complies with the RACGP Standards for general practices (5th edition). This means 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.

Personal details

Title	Surname	First name	Middle name	Preferred name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth (DD/MM/YYYY):

<input type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Rather not say <input type="checkbox"/>
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Occupation

Street address

Suburb, Postcode

State

Telephone number

Mobile Number

Email

Height

Weight

Next of kin

Name

Relationship to you

Contact number

Who can we contact in an emergency? Same as next of kin

Name

Relationship to you

Contact number

Medicare/DVA

Medicare card number

Medicare reference number

Expiry date (DD/MM/YYYY)

Pension, Health Care Card, or Veterans Affairs number (if applicable)

Type of Veterans Affairs card

Expiry date (DD/MM/YYYY)

Cultural background

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

Are you of Aboriginal or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

Other cultural background (e.g. Mediterranean, Asian, African):

Country of birth:

Is English your first language? Yes No

If not, do you require an interpreter? Yes No Please specify language: _____

Allergies and medicines

List allergies and intolerances to medications and describe your reaction

List regular medications and doses, and complementary medicines and doses

Consent

<p>Our practice uses a reminder system to help you maintain your health. The practice sends reminders by post, email, telephone or SMS for procedures such as vaccinations, Pap tests and other health reviews.</p>	<p>I consent to being contacted with reminders to help me maintain my health</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Our practice also sends information to the Australian Childhood Immunisation Register and Pap Smear Register. These registers also send reminders, which can be helpful if you move.</p>	<p>I consent to being contacted with reminders to help me maintain my health</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Signature of patient or guardian

Date