Patient Registration Form

Mr Mrs Ms Miss First Name:____________________ Surname:______________________

Preferred Name:_________________

Date of Birth:___________________Gender: **(please state)** ___________________

Are you of (please tick) - **Aboriginal** ρ **Torres Strait Islander** ρ **Neither** ρ
(Please identify as this will help us plan your health care needs)

Country of Birth/Ethnicity:____

Religion: (Optional)____

Address:____

____Postcode:____________________________

Home Ph No.______________ Work Ph No.______________ Mobile No._________________

Medicare Card No.________________________Ref: _____ Expiry Date:_______________

If Pensioner or HCC, No.______________________ Expiry Date:________________

Full Pension ρ **Part Pension** ρ **Health Care Card** ρ

If DVA Patient, DVA No. _________________ Expiry Date:____________________

E-mail Address:____

Health Insurance Fund:____

Health Insurance Fund No.________________________

Occupation:____

Family History:____

____

Mother Alive:Yes ρ No ρ Age of Death:_______

Cause of Death:____

Father Alive: Yes ρ No ρ Age of Death:_______

Cause of Death:____

Has Carer: Yes ρ No ρ   Is Carer: Yes ρ No ρ

Carers Details: ____

Alcohol History:____

Alcohol Intake: Occasional ρ Moderate ρ Heavy ρ

Current Smoking History: Non Smoker ρ Ex Smoker ρ Smoker ρ

Year Started:_____________ Year Stopped:_____________

*** Emergency Contact Name:**_________________________

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

*** Next of Kin Name:**____

*** Next of Kin Relation:**____________________________________

*** Next of Kin Contact No.**__________________________________

Do you consent to receiving SMS messages Yes No

Do you authorise Benalla Church Street Surgery to submit benefits on your behalf to medicare ? Yes No

Do you authorise Benalla Church Street Surgery to email your Health Information

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.

(Best Practice - Templates- Patient Registration Form)