BENALLA CHURCH STREET SURGERY PTY LTD

Patient Registration Form

Mr Mrs Ms Miss First Name:_____ **Surname:**_____

Preferred Name:_____

Date of Birth:_____**Gender: (please state)** _____

Sex: Male ❒ Female ❒ **Pronouns: (please state)** _____

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

Country of Birth/Ethnicity:_____

Do you require an Interpreter (please tick) Yes ❒ No ❒

If yes, what language:_____

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 ❒ **Part Pension ❒** **Health Care Card ❒**

If DVA Patient, DVA No. _____ **Expiry Date:**_____

E-mail Address:_____

Health Insurance Fund:_____

Health Insurance Fund No._____

Occupation:_____

Family History:_____

_____

Mother Alive:Yes ❒ No ❒ Age of Death:_____

Cause of Death:_____

Father Alive: Yes ❒ No ❒ Age of Death:_____

Cause of Death:_____

Has Carer: Yes ❒ No ❒ Is Carer: Yes ❒ No ❒

Carers Details: _____

Alcohol History:_____

Alcohol Intake: Occasional ❒ Moderate ❒ Heavy ❒

Current Smoking History: Non Smoker ❒ Ex Smoker ❒ Smoker ❒

Year Started:_____ Year Stopped:_____

*** Next of Kin Name:_____**

*** Next of Kin Contact No._____**

*** Next of Kin Relation:_____**

*** Emergency Contact Name:_____**

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

***Contact Relation:_____**

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

(There is a risk (as with any other document) that it could be read by someone other than the intended recipient.)

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)