

# New Patient Registration Form

Please complete this form before your first appointment. This helps our team prepare for your visit and supports a smoother check-in at the practice.

Your information is handled in accordance with our privacy policy.

01

## Personal Details

Title

---

Last name

---

First name

---

Gender

---

Preferred name

---

Ethnicity / cultural background

---

Date of birth

---

Country of birth

---

Birth sex

---

Aboriginal / Torres Strait Islander origin

---

02

## Contact Details

Mobile phone

---

Street address

---

Home phone

---

Address line 2

---

Work phone

---

State

---

Email

---

Consent to receive SMS

---

Suburb

---

How did you hear about us?

---

Postcode

---

03

## Next of Kin and Emergency Contact

Next of kin first name

---

Emergency contact first name

---

Next of kin surname

---

Emergency contact surname

---

Relationship

---

Relationship

---

Contact number

---

Contact number

---

Same as next of kin

---

04

## Medicare and Concession

Medicare number

---

Healthcare card number

---

Medicare reference number

---

Healthcare card expiry

---

Medicare expiry

---

DVA number

---

Pension card number

---

Preferred contact method

---

Pension card expiry

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## Medical Background

Height (cm)

---

Alcohol use

---

Weight (kg)

---

Alcohol intake details

---

Tobacco use

---

Tobacco quantity

---

Stopped smoking date

---

Medical history

---

---

---

Current medications

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---

---

Allergies or medication reactions

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Drug use

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Family history

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## Communication and Consent

### Appointment reminders

- I consent to receiving appointment reminders by SMS or email.
- I prefer not to receive electronic reminders.

### My Health Record

- I consent to upload my medical record to My Health Record.
- I do not consent to upload my medical record to My Health Record.

## Privacy and Consent

- I consent to the collection and use of my health information.
- I consent to sharing information with healthcare providers involved in my care.
- I have read the privacy policy.

Patient / guardian name

Date

### Please bring to your first appointment

- â€¢ Medicare card and concession card, if applicable
- â€¢ Photo identification
- â€¢ A current medication list
- â€¢ Relevant specialist letters, imaging, or recent results