



### Patient Registration Form

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given Names \_\_\_\_\_

Known as \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender at Birth \_\_\_\_\_ Current Gender \_\_\_\_\_

Identify as (please circle) - He, She, Them or Other \_\_\_\_\_

Medicare No. \_\_\_\_\_ Number in front of name \_\_\_\_ Exp. Date \_\_\_\_\_

Centrelink Pension  , Centrelink Health Care Card  , DVA White Card  or DVA Gold Card

Pension, HCC or DVA Card Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

Occupation \_\_\_\_\_ Primary Language Spoken \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

By providing my email I understand information sent via email is unsecured and unencrypted. The practice cannot guarantee confidentiality of information transferred via email. Other users of the email provided may be able to gain access to information.

#### **Next of kin**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone (home) \_\_\_\_\_ Mobile \_\_\_\_\_

#### **Emergency contact (if different from above)**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Phone (home) \_\_\_\_\_ Mobile \_\_\_\_\_

**To tailor appropriate care, encourage understanding and appreciation between people from different nationalities and backgrounds – Do you identify as someone from a culturally and/or linguistic diverse background?**

Yes - Please elaborate \_\_\_\_\_

**To assist with health initiatives, are you Aboriginal or Torres Strait Islander?**

Yes - Aboriginal  Yes - Torres Strait Islander  Yes - Aboriginal & Torres Strait Islander  No

Our practice uses a reminder system to improve the quality of your health care. The practice sends reminders by **SMS text message**, mail or telephone for procedures such as immunisations, pap smears and other health reviews.

I consent to being contacted with reminders  Yes  No

In completing this form, I understand that my personal information is been collect and consent this information to be shared when relevant and appropriate to my treatment. A full copy of our Privacy Policy and Health Information Collection Policy can be obtained from reception.

Our practice follows the guidelines of The Royal Australian College of General Practitioners Handbook for the management of health information in private medical practice. This means your personal health information is kept private and secure, as required by federal and state privacy laws.

Our practice undertakes research, professional development, and quality assurance/improvement activities to improve patient care. All people accessing personal health information for this purpose have signed a written confidentiality agreement.

**Signature of patient or guardian** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_