



CASUARINA HEALTH & MEDICAL

11/482 Casuarina Way, Casuarina NSW 2487 Phone 02 6674 0888 Fax 02 6674 0999

Patient Registration Form

Title _____ Surname _____ Given Names _____
Known as _____ Date of birth ____/____/____ Country 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**, email, post 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 being collected and I consent this information to be shared only 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** ____/____/____