

Patient Registration

Please assist us by completing the following:

Title:	<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Master <input type="radio"/> Miss <input type="radio"/> Dr <input type="radio"/> Other: _____		
Surname:		First Name:	
Middle Name:		Preferred Name:	
Birth sex	<input type="radio"/> Male <input type="radio"/> Female	Date of Birth: / /	
Gender Identity	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-Binary <input type="radio"/> Transgender <input type="radio"/> Other	Pronouns: <input type="radio"/> She/Her/Hers <input type="radio"/> He/Him/His <input type="radio"/> They/Them/Theirs	
Ethnicity:	<input type="radio"/> Australian <input type="radio"/> Other	Occupation:	
Aboriginal or Torres Strait Islander	<input type="radio"/> Yes - Aboriginal <input type="radio"/> Yes - Torres Strait Islander		
Street Address:		Suburb:	
Postcode:		Postal Address: <i>(if different from above)</i>	
Contact Number:	Home:	Work:	Mobile:
Email Address:			
Medicare Card Number:	_____ - - - - -		No. ____ (left of your name) Expiry date: /
Pension/Health Care Card Number:	_____ <input type="radio"/> Pension Card <input type="radio"/> Health Care Card <input type="radio"/> Commonwealth Seniors Health Card		Expiry date:
DVA Number:	_____ Gold / White <i>(please circle)</i>		Expiry:
Next of Kin Contact:	Name: _____ Phone: _____ Relationship: _____		
Emergency Contact:	Name: _____ Phone: _____ Relationship: _____		
Same as above: <input type="radio"/>			

PLEASE NOTE: A full skin check involves de-robing down to your underwear.

Do you require a chaperone. Yes No

I agree to receiving the following by SMS: Appointment and Clinical Reminders, Results and Health Updates
 Yes No

Please note: Failure to notify of cancellation 24 hours prior to your appointment, will incur a fee

Note: By signing this document you acknowledge that you have read the Medical Centre Privacy Policy

Please sign this form and return to reception: _____ Date: ____ / ____ / ____

P.T.O