

New Patient Registration Form

Please hand completed form to reception along with your photo identification, Medicare Card, Veterans' Affairs card, Pension or Health Care Card.

Title: Given Name(s):

Surname: Date of Birth:

Residential Address:

Postal Address:

Email Address:

Home Phone: Work Phone: Mobile:

Occupation:

Next of Kin: Phone: Relationship to patient:

Emergency Contact: Phone: Relationship to patient:

Nationality:

Do you identify as: Aboriginal Torres Strait Islander Neither

Do you identify as: Male Female Other

Medicare Number Ref Number

Expiry Date -

Type of Benefit Card: Pension DVA Health Care Card

Card Number: Expiry Date:

How did you hear about our practice? Family/friend Phone book Internet Social Media

Other

To enable ongoing care, we contact our patients for health and treatment reminders, appointment notifications, and other information relevant to your medical treatment. Contact is by SMS, phone and/or post in accordance with our clinic policies. Please speak with our staff if your contact details change, you wish to modify your consent preferences, or you require further information. If you do not have a mobile phone, we will continue to contact you by post and/or phone.

I consent to The Elms Family Medical Centre contacting me for the purposes of my ongoing health care via SMS, phone and/or post, as applicable. (Please tick): YES NO

Patient/Parent/Guardian Signature: Date:

Office Viewed Medicare and Health care card details Medicare eligibility status checked
Use Patient information sheet and fee structure handed to patient Attributes entered into Best Practice
Only: Photo ID Sighted (Please Circle): YES NO Entered by: Date Entered: