

# New Patient Registration Form



MR  MRS  MS  MASTER  MISS  DR  OTHER \_\_\_\_\_

FIRST NAME \_\_\_\_\_ PREFERRED NAME \_\_\_\_\_

SURNAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ DO YOU CONSENT TO SMS REMINDERS YES  NO

EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_

ORIGINAL NATIONALITY/ETHNICITY: AUSTRALIAN  or OTHER (please state) \_\_\_\_\_

DO YOU IDENTIFY AS  Aboriginal  Torres Strait Islander  Non-Indigenous

Do you give us permission to access MY HEALTH RECORD to upload and view your medical history: YES  NO

### Medicare Number

Ref No. next to name:  Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Concession Card Number

Pensioner Concession Card  Health Care Concession Card

Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_

### DVA Card Number

Gold Card  White Card  Expiry: \_\_\_\_/\_\_\_\_/\_\_\_\_

SPECIAL CONDITIONS / ALLERGIES \_\_\_\_\_

NEXT OF KIN CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

IN CASE OF EMERGENCY CONTACT \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ TELEPHONE \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS PRACTICE \_\_\_\_\_

### BY SIGNING THIS FORM

You consent to the use of your personal health information and disclosure of your personal health information to Bridgeman Family Practice and other health providers involved in your medical treatment and health care.

***I also accept that I need to follow-up the results of any pathology or radiology testing by making an appointment within two days of performing them.***

These results will not be given over the phone. The Practice will only contact me if there is an urgent need to do so. We use an SMS reminder system for appointments, by signing this form you agree to the use of electronic reminder system. As part of the preventative health service offered by this practice, we send out follow up reminders & recalls to your registered address. \*If you do not consent to receive follow up reminders, recalls & SMS please advise your Doctor and they will record that on your clinical record\*.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FULL NAME PRINTED \_\_\_\_\_