Diggers Rest Medical Centre
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www.diggersrest-medical.com.au

Office Use Only
Form Complete? Y N (Please Circle)
Data Entered? Y N (Please Circle)
Form Scanned? Y N (Please Circle)

Signature: . . . . . .
Name:
Date: / / 20

Patient Registration Form

Personal Details:

Title:	Mr Mrs Miss Ms Mstr
Surname:	
First Name:	
Gender:	M F (Please circle)
Date of Birth:	/ /
Occupation	
Home Phone:	
Mobile number:	
Work Number:	
Country of Birth:	
Nationality:	
Address:	Postcode:
Email Address:	

Aboriginal & Torres Strait Islander: (Please tick)

No ( )	Aboriginal ( )	Torres Strait ( )	Both ( )

Medicare and HCC:

Medicare Card No:		Expiry Date:	/ / 20
Reference Number:	Next to your name ( )		
Veterans Affairs No:		Expiry Date:	/ / 20
Concession Card No:		Expiry Date:	/ / 20

Next of Kin:

NOK Title & Name:		Relationship:	
NOK Phone No:		NOK Mobile No:	
Emergency Contact:		Emergency Mobile:	

Please tick if you have ever suffered from any of the following conditions:

Diabetes ( ) – High Blood Pressure ( ) – Chest Pain ( ) – Short of Breath ( ) – Smoking ( ) – Alcohol ( ) – Drugs ( )
Are you on any regular medications? ( ) – Have you ever had any operation? ( ) – Any history of Workcover injury? ( )

Consent:

1. I give consent for medical information to be obtained by my doctor for the purpose of my medical treatment ad passed on to a third party for further treatment.	Yes	No
2. I give consent to release my results to my designated relative/carer. Relative Name: Contact No:	Yes	No
3. I give consent to medical reminder letters to be sent to my preferred mailing address.	Yes	No
4. I give consent for my contact details to be obtained for the purpose of contacting me regarding medical matters or appointments.	Yes	No

Medical practitioners at Diggers Rest Medical Centre are committed to providing our patients with the best care. To do this it is essential that your health records are kept up to date and accurate. We recognise the importance of privacy and confidentiality for all our patients.

Acknowledgement:

Signature:		Date signed:	/ / 20