



New Patient Registration Form

Patient has submitted the following form on 14/09/2022

Personal Details

Title

Miss

First name

Jemima

Last name

Duckless

Preferred name

Gender

Female

Date of birth

01/01/2004

Occupation

Street address

49 Queen Street

Street address line 2

Suburb

Moruya

Postcode

2537

Mobile phone

0400000000

Home phone

Email address

jemima@gmail.com

Health Initiatives

In order to assist us with health initiatives and tailor care

Do you identify as Aboriginal or Torres Strait Islander?

No

Please select what you identify as

What is your country of birth?

Medical Information

Medicare card - Do you have a medicare card?

Yes

Medicare card - Number

2125896321

Medicare card - Position on card

2

Medicare card - Expiry date

02/2025

DVA Card - Do you have a DVA card?

No

DVA Card - Type

DVA Card - Expiry date

Pension/Health Care Card - Do you have a Pension/Health Care card?

No

Pension/Health Care Card - Number

Pension/Health Care Card - Ref

Pension/Health Care Card - Expiry date

Allergies

Medications

Family Medical History

Emergency Contact Information

We collect this information in case of an emergency

Next of kin - First name

Doald

Next of kin - Last name

Duckless

Next of kin - Relationship

Father

Next of kin - Contact number

0400000001

Emergency contact - First name

Doald

Emergency contact - Last name

Duckless

Emergency contact - Relationship

Father

Emergency contact - Contact number

0400000001

Social Activities

Do you smoke?

No

How many per day?

Do you drink alcohol?

No

How many per day?

How many days per week?

What was the main reason you decided to book at our practice?

Source

Please specify

Family/friend recommendation _____

Communication

I consent to receive SMS reminders, messages and emails

Yes _____

Privacy and Terms

We are committed to protecting the confidentiality of your personal information and health records. In submitting this form, you;

1. acknowledge that we, and our service providers, will collect your personal and health information to enable us to provide you with our health services and any related communications (for example, to manage your appointment bookings); and
2. consent to our handling of your personal information in accordance with our Privacy Policy (you can access our Privacy Policy on our website, or by asking us for a copy).

Do you agree to the terms?

I agree _____