Metella Rd Family Practice

PATIENT INFORMATION & REGISTRATION FORM

TITLE (Please circle) MR MRS MISS MS Other (please specify): _____

SURNAME…….....

FIRST NAME…….....

SECOND NAME……

PREFERRED NAME…….

DATE OF BIRTH……..

ADDRESS (HOME)…….

…….

ADDRESS (POSTAL)……..

…….

HOME PHONE…… .WORK…….....

MOBILE……..

I UNDERSTAND THAT IF I INITIATE EMAIL CONTACT WITH THE PRACTICE, THAT MY PRIVACY MAY BE COMPROMISED AS EMAILS ARE NOT ENCRYPTED AND THEREFORE NOT A SECURE MEANS OF COMMUNICATION

YES NO

EMAIL……

I UNDERSTAND THAT I AM RESPONSIBLE FOR CANCELLING APPOINTMENTS WITHIN A REASONABLE TIME. If I have too many missed appointments, that is, three missed appointments within a 12 month period, Metella Rd Family Practice will offer you no further appointments.

YES

Metella Rd Family Practice

MEDICARE NO…….REF……. EXPIRY…….

CONCESSION CARD
Pension/HCC/Seniors HCC……Expiry…….

DETAILS OF YOUR
NEXT OF KIN
NAME……..

ADDRESS……..

PHONE (H)…… (M)……

RELATIONSHIP TO PATIENT……

DETAILS OF YOUR
EMERGENCY CONTACT
NAME……

ADDRESS……..

PHONE (H)…….. (M)……..

RELATIONSHIP TO PATIENT……..

REMINDER SYSTEM – OUR PRACTICE PROVIDES PATIENTS WITH PREVENTATIVE CARE & EARLY CASE DETECTION REMINDERS EG, IMMUNISATIONS, ANNUAL HEALTH CHECKS, CERVICAL SMEARS ETC.

DO YOU WISH TO HAVE ANY RELEVENT HEALTH REMINDERS SENT TO YOU?

YES NO

WOULD YOU LIKE TO BE CONTACTED VIA SMS FOR MEDICAL SERVICES WE PROVIDE

YES NO

TO ASSIST WITH HEALTH INITIATIVES- ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER ORIGIN? YES NO

ETHNICITY……

PATIENT
SIGNATURE……
OR PARENT GUARDIAN (IF CHILD IS A MINOR)

DATE……