NEAL STREET MEDICAL CLINIC

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Patient Registration Form

Personal Information

Title	
Surname	
Given Name/s	
Date of Birth	

Background (This section is optional. It is used to tailor health initiatives to individual patients)

Are you an Aboriginal and/or Torres Strait Islander?	
Are you from a cultural or linguistic diverse background? (If yes, specify)	

Contact Details

Home Address	
Postal Address *(if different)*	
Home Phone	
Mobile Phone	
Communication	We use **SMS** for appointment reminders and recalls. If you do not want us to do this, please write **NO here**:
Email	
Occupation	

Card Details

Medicare Card	No: Reference no *(in front of your name):*	Expiry:
Health Care Card	No:	Expiry:
Pension Card	No:	Expiry:
DVA Card	No: Gold or White:	Expiry:
Private Health Insurance	Insurance Name:	No.:

Alternative Contact Details

*Please complete all sections of this table	Full Name	Contact Number	Relationship
Next of Kin			
Emergency Contact Person			

Allergies

Do you have any allergies to drugs, dressings or anything else? If yes, please list below

Biometrics

Height		Weight	

Smoking History (please answer this even if you have stopped smoking)

Have you smoked in the past or still smoke? If yes, what do/did you smoke (cigarettes, cigars)?	How may per day?	Year Started?	Year stopped?

Alcohol History (please answer this even if you have stopped drinking)

Do you drink?	Year started?	How many drinks per day?	How many days per week do you drink?	Year stopped?

Children's Immunisation (if filling out for a child)

Are immunisations up to date?	

Females

If you had a pap smear, what year was your last one?	

Medications (Please list all medications you are taking, including herbal supplements/remedies)

Medical History (*Please list your medical history, including any operations)*

Family History (List any relevant family medical history)

Mother's Side	Father's Side

My Health Record

If you don't want your medical history uploaded to National Digital Health Record System, write **NO** below

Privacy Policy

We aim to protect the privacy and secure storage of your health information. You can request a copy of our privacy policy or view it online at www.nealstmc.com.au. It includes information about the collection, use and disclosure of your health information. We require your consent to collect personal information about you and to utilize your personal health information in order to provide you with the best possible care.

Billing Policy

GP consultations are **bulk billed. Private fees (gap fees)** apply to certain services in the clinic.
A **Non-attendance** fee will be incurred for any missed appointments, unless it is cancelled at least 2 hours prior to the appointment.
A copy of the practice fees schedule is available at reception or on our website: www.nealstmc.com.au
I confirm that I have read and understand the billing policy of this practice.

Signature (If emailing this form, put your initials below)	**Date**

Please sign this, even if you are filling this form out for a child