



Patient Registration Form

Title: *Mr / Mrs / Miss / Ms / Master / Other* _____ Surname: _____

Given name/s: _____ Preferred Name: _____

Gender: Male/Female/other _____ **If other gender please state** Date of birth: _____

Do you identify as Aboriginal or Torres Strait Islander? No Yes – Aboriginal Yes - Torres Strait Islander Both

Preferred language: English/Other _____ Nationality: Australian/Other _____

Address: _____

Suburb: _____ Postcode: _____

Phone Numbers: (m) _____ (h) _____ (w) _____

Email: _____

Medicare Card Number: _____ Ref No _____ Expiry _____

Concession Card/DVA Number: _____ Expiry _____ **Please circle:** DVA Aged Disability Healthcare

Occupation _____

Next of Kin Name: _____ Phone: _____ Relationship: _____

Emergency Contact: Name _____ Phone: _____ Relationship: _____

Smoking Status: **Please circle:** Current Smoker **how many per day?** Ex-Smoker **date quit?** Non-Smoker

Alcohol Status: **Please circle:** Drinker – **how many times per week/day?** Non – drinker Heavy drinker in the past

Do you have any allergies?

Is there any family history of Diabetes, Heart Disease, Tumours etc.? please give details

I hereby give permission for the Clear Island Waters Health Precinct staff and Doctors to receive and supply personal medical information from or to other medical practitioners/specialists/pathology/radiology etc on my behalf.

I acknowledge that I am responsible for arranging further appointments to discuss test results, conducted by my doctor. I give permission to be notified by letter, phone, email or text message for all recalls and reminders. I give consent to for the Clear Island Waters to access the Cervical Screening and Bowel Screening register - If required.

HIC Online, For Eligible Bulk Bill Patients

I hereby authorize Clear Island Waters Health Precinct to process my claim through Medicare Australia

Signed _____ Date _____

Or Signed authority _____ Date _____

OFFICE USE

ID Verification	
Medicare <input type="checkbox"/>	Photo ID <input type="checkbox"/>
Staff Member Initial:	