

# New Patient Registration Form



Date: \_\_\_\_\_

Personal Details			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Master <input type="checkbox"/> Dr <input type="checkbox"/> Other _____			
First Name: _____			
Surname: _____		Preferred name: _____	
Date of Birth: _____		Gender: _____	
Home address: _____			
Suburb: _____		Postcode: _____	
Postal address: _____			
<input type="checkbox"/> As above			
Mobile: _____		Home phone: _____	
Work phone: _____		Email address: _____	
Occupation: _____			
<b>To assist with health initiatives, do you identify as:</b>			
<input type="checkbox"/> Australian <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other _____			
Next of Kin			
Name: _____		Relationship to patient: _____	
Mobile phone: _____		Daytime phone: _____	
Emergency Contact <input type="checkbox"/> As above			
Name: _____		Relationship to patient: _____	
Mobile phone: _____		Daytime phone: _____	
Healthcare Information			
Medicare number: _____ / _____ / _____		Exp: ____ / ____	Ref no (next to your name) _____
DVA number: _____		<input type="checkbox"/> Gold <input type="checkbox"/> White	Exp: ____ / ____ / ____
Centrelink Healthcare card number: _____		Exp: ____ / ____ / ____	
Centrelink Pension card number: _____		Exp: ____ / ____ / ____	

**I consent to receive SMS reminders, messages and emails from Bega Valley Skin Cancer Clinic**

When you register as a patient of our practice, you provide consent for our GP's and practice staff to access and use your personal information so they can provide you with the best possible care.