South Wangaratta Medical Centre *Patient Registration Form 2023*

PERSONAL DETAILS

First Name:	Last Name:	Preferred Name:
Title: Mr Mrs Ms Miss Dr	**Gender:** Female Male Other	**Date of Birth:** ___/___/___
Medicare Number: __ __ __ __ __ __ __ __ __ _	**Reference Number:** _	**Expiry Date:** ______/______

Concession Card Details:

☐ Health Care ☐ Pension ☐ Veteran (Gold) ☐ Veteran (White) ☐ Commonwealth Seniors Card

Card Number: ____________________ **Expiry:**_____/_____/________

Occupation:	**Ethnicity:** ☐ Aboriginal ☐ Torres Strait Islander ☐ Caucasian ☐ Asian ☐ African. ☐ European ☐ Other:
Is English your first language? ☐ Yes ☐ No	**Country of Birth:**
If not, do you require an interpreter? ☐ Yes ☐ No	**Please Specify Language:**

ADDRESSES

Home Address:	**Town/Suburb:**
State:	**Postcode:**
Postal Address: (if different from above)	**Town/Suburb:**
State:	**Postcode:**

CONTACT DETAILS

Phone:	**Mobile:**	**Work:**
Email:		

MARITAL STATUS

☐ **Single** ☐ **Married** ☐ **De-facto** ☐ **Divorced** ☐ **Separated** ☐ **Widowed** ☐ **Unknown**

NEXT OF KIN DETAILS

First Name:	**Last Name:**
Phone:	**Relation to you:**

EMERGENCY CONTACT- Same as Next of Kin ☐

First Name:	**Last Name:**
Phone:	**Relation to you:**

Our practice uses a reminder system to help you maintain your health. The practice sends reminders by SMS for appointments, procedures such as vaccinations, Pap tests and other health reviews.	**I consent to being contacted with reminders to help me maintain my health.** **Yes** ☐ **No** ☐

We are committed to protecting the confidentiality of your personal information and health records. In signing 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 and health information collection and use.

Do you agree to the terms?*

I agree (Please Circle) **Signature*** ______________________________ **Date:** ______________

HOW DID YOU FIND US?

Facebook	Chronicle	Family & Friends	Google	Other