



## NEW PATIENT REGISTRATION FORM – CHILD

### SECTION A – PERSONAL DETAILS

**Title**  **Family name**  **First name**  **Middle name**  **Preferred name**

**D.O.B**  **Gender identity**  Male  Female  Other

**Ethnicity**

Australian, non-indigenous  Aboriginal  Torres Strait Islander  Both Aboriginal & Torres Strait Islander

**Other cultural background (e.g. Mediterranean, Asian, African)**

**Is English your first language?**  Yes  No **Do you require an interpreter?**  Yes  No **Please specify language.**

**Home address**  **Postcode**

**Postal address**  **Postcode**

**Home phone**  **Mobile phone**  **Work phone**

**Email**

**Occupation**

**Next of kin**

**Relationship to you**

**Phone number**  **Mobile number**

**Emergency contact**

**Relationship to you**

**Phone number**  **Mobile number**

**Medicare card number**  **Ref. number**  **Expiry**

**Pensioner concession card**  **Expiry**

**Health Care card**  **Expiry**



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### SECTION B – CONSENT

Our practice uses a reminder system to help you maintain your health. The practice sends reminders by post, email, telephone or SMS for procedures such as vaccinations, cervical screening tests (Pap test) and other health reviews.

I consent to receiving appointment reminders via SMS  Yes  No

I consent to being contacted with clinical reminders  Yes  No

I consent to receiving health awareness information  Yes  No

Are we able to leave a confidential message for you regarding results, recall, or confirming/changing appointments on? (please circle your preference)

Mobile  Yes |  No

Home  Yes |  No

Work  Yes |  No

I authorise the following person to take messages regarding a recall, reminder or change of appointment on my behalf:

Name

Relationship to you

Phone number  Mobile number

I have been given a copy of 'Westside Medical Centre Practice Information' sheet (take time to read)

I understand that Westside Medical Centre is NOT a bulk-billing practice. Payment is required on the day of consult. If you hold a current Pension Card you will be bulk-billed.

#### Privacy

It is always the policy of this practice to maintain the security of personal health information and to ensure that this information is only available to authorised members of staff. Patient information may have to be disclosed to other doctors, nurses and medical technicians so that proper health care is not compromised. You can assist in maintaining the accuracy of your information by advising the practice of any changes to your personal contact details.

Is there a Parenting Order in place for this patient?  Yes  No

*If so, please provide details below*

Signature of patient or guardian

Date

THANK YOU