



# Kedron Wavell Medical Centre

## New Patient Registration Form

### PATIENT DETAILS

Mr Mrs Ms Miss Dr Other: \_\_\_\_\_ Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_ Middle Name/s: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female  Other - Preferred Pronoun: \_\_\_\_\_

Ethnicity:  Australian  Other - Country of Birth: \_\_\_\_\_

Do you identify as?  Aboriginal  Torres Strait Islander  ATSI  Other \_\_\_\_\_

Do you require the use of an interpreter service?  No  Yes – Language: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address:  As above \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

*Our practice uses a SMS service for appointment reminders and patient recalls. Please advise Reception if you wish to opt out.*

Email Address: \_\_\_\_\_

*(Please present below cards to Reception)*

Medicare No: \_\_\_\_\_ Ref # (next to name) \_\_\_\_\_ Expiry: \_\_\_\_/\_\_\_\_

Veterans Affairs No: \_\_\_\_\_  Gold  White – Condition/s: \_\_\_\_\_

Pension/Healthcare Card No: \_\_\_\_\_ Expiry: \_\_\_\_\_

Do you have Private Health Insurance?  No  Yes - Fund Name: \_\_\_\_\_ Fund # \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_  Retired  Child

### HOW DID YOU HEAR ABOUT US?

- Signage  Facebook  Website  Chemist  Flyer  School Newsletter  Family Member/s Already Attend  
 Referral from Present Patient  Other - Please specify (e.g. Hearing Clinic): \_\_\_\_\_

Kedron Wavell Medical Centre is a private billing practice. Use of the treatment room may incur a fee to cover nursing services and dressing costs. Fees will be available to you prior to undergoing any procedures.

It is expected that you will attend for an appointment to discuss all investigation results.

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

We also use a SMS service for appointment reminders and patient recalls. **Please advise reception if you wish to opt out.**

I have read and understood the Kedron Wavell Medical Centre Privacy Policy and I also understand that I am not obliged to provide any information requested of me, but my failure to do so, might compromise the quality of health care and treatment given to me.

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

**PLEASE CONTINUE ON NEXT PAGE**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Complementary Medications: (e.g. multivitamin, fish oil etc.) \_\_\_\_\_

Do you have any known allergies?  No  Yes: \_\_\_\_\_

**PERSONAL MEDICAL HISTORY:** Have you ever had any of the following conditions? (Tick if yes)

Heart (e.g. heart attack, arrhythmia, valve problem): \_\_\_\_\_

Respiratory (e.g. asthma, COPD): \_\_\_\_\_

Gastrointestinal (e.g. reflux, inflammatory bowel disease): \_\_\_\_\_

Mental Health (e.g. depression, anxiety, PTSD): \_\_\_\_\_

Other (Please list): \_\_\_\_\_

**SURGICAL HISTORY:** \_\_\_\_\_

**FAMILY HISTORY:** \_\_\_\_\_

### SCREENING HABITS

Date of Last: Skin Check: \_\_\_\_\_ Bowel Cancer Screen: \_\_\_\_\_

#### Female Patients:

Have you had a Cervical Screening Test (Pap Smear) before?  No  Yes – When? \_\_\_\_\_

Are you currently breastfeeding?  No  Yes

### SOCIAL HISTORY

**Marital Status:**  Single  Married  De Facto  Widowed  Separated **Are you an Elite Athlete?**  Yes  No

**Accommodation:**  Own Home  Rental  Relative's Home  Nursing Home  Homeless  Other

**Lives with:**  Alone  Spouse  Relative/Parents  Friend **Are you a Carer?:**  Yes  No

**Do you have a Carer?:**  Yes  No If yes – **Carer Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Contact No:** \_\_\_\_\_

**Number of Children:** \_\_\_\_\_ **Number of Grandchildren:** \_\_\_\_\_

**Do you drink Alcohol?**  Yes  No If yes, how much per week? \_\_\_\_\_

**Do you smoke?**  Yes  No If yes, how many per day? \_\_\_\_\_ Start Year: \_\_\_\_\_