



DM CLINIC MULGRAVE PATIENT REGISTRATION FORM

Mr Mrs Ms Miss Mast. SURNAME: _____

FIRST NAME: _____ PREFERRED NAME: _____ DATE OF BIRTH: _____

Australia is a genuinely multicultural society. To tailor appropriate care, encourage understanding and appreciation between people from different nationalities and backgrounds, do you identify as someone from a culturally and/or linguistic diverse background?

Ethnicity: Australian Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander Other - Please specify country _____

ADDRESS: _____ Suburb _____ Post code _____

HOME PHONE: _____ MOBILE: _____ OCCUPATION: _____

EMAIL ADDRESS: _____

MEDICARE / DVA #: _____ REF#: _____ EXPIRY: _____

(Please be aware that you may incur extra costs for Pathology services without a Medicare card. See reception for details)

Do you have a Healthcare or Pension Card? YES NO

HEALTHCARE #: / PENSION CARD #: _____ EXPIRY: _____

NEXT OF KIN NAME: _____ RELATIONSHIP: _____

CONTACT NUMBER(S): _____

EMERGENCY CONTACT NAME: as above OR _____

RELATIONSHIP: _____ CONTACT NUMBER(S): _____

Do you have any allergies? YES NO

PLEASE LIST: _____

SOCIAL HISTORY

Do you drink alcohol? YES NO Days per week? _____ Standard drinks per day? _____

Do you currently smoke? YES NO How many a day? _____

Did you previously smoke? YES NO In what year did you stop smoking? _____

WHEN DID YOU HAVE YOUR LAST PAP SMEAR? (female only) _____ WAS IT NORMAL? YES NO

DO YOU TAKE REGULAR MEDICATION? YES NO PLEASE LIST: _____

WEIGHT: _____ (kg) HEIGHT: _____ (cm)

Do you or members of your family have any significant health history? NO YES - Please specify

Table with 6 columns: ASTHMA, DIABETES, HYPERTENSION, CANCER, HEART DISEASE, DEPRESSION. Rows: YOU, MOTHER, FATHER.

Privacy Policy & Patient Consent. - SEE BACK OF CLIPBOARD for Privacy Policy & Patient Consent. By signing below you understand and agree to the following statements in relation to our use, collection, privacy and disclosure of your patient information.

PATIENT SIGNATURE: _____ DATE: _____