



**NEW PATIENT REGISTRATION FORM**

CENTRE HEALTH MEDICAL CENTRE WOONONA

**HEALTH CARD INFORMATION**

Medicare No:                Ref No:  Exp:  Private Patient:   
New Born:   
Pension Card:             Exp:   
Health Care Card:              
Veterans Affairs Card: Gold  Orange  White

**PATIENT INFORMATION**

Title:  First Name:  Date of Birth:  /  /   
Middle name:  Gender:  M  F  T  
Surname:  Marital Status:   
Address:  Home:   
Suburb:  Mobile:   
Postcode:  Would you like to receive SMS reminders?  Y  N  
Occupation:   
Country of Birth:   
Do you identify as someone from a culturally and/or linguistic diverse background?  Y  N  
If yes, please elaborate:   
Are you? Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander  Neither

**NEXT OF KIN (nearest relative)**

First Name:  Surname:   
Contact Number:  Relationship:

Same as Next of Kin  **EMERGENCY CONTACT**

First Name:  Surname:   
Contact Number:  Relationship:

**MEDICAL INFORMATION**

Any allergies?  Y  N If yes, please list   
Any current medications?  Y  N If yes, please list   
Any family history of chronic illnesses:  Y  N If yes, please list   
Do you drink Alcohol?  N Monthly or less  2-4 times a month  2-3 times a week  4 or more times a week   
How many standard drinks do you have on a typical? 1/2  3/4  5/6  7/9  10 or more   
Six or more drinks on one occasion? Never  Less than monthly  Monthly  Weekly  Daily   
Are you concerned about drinking?  Y  N  
Do you Smoke? Never  Ex-Smoker  Smoker  How many? \_\_\_\_ Daily  Weekly  Monthly

**BY SIGNING THIS FORM YOU CONSENT TO THE FOLLOWING**

I consent to the use of my personal health information by the Centre Health Australia and other health providers involved in my medical treatment and health care. I consent to the disclosure of my personal health information by the above named practice to other health providers directly or indirectly involved in my personal health care or medical treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Dr (Office use only) Staff  
Entered in MD