BENALLA
CHURCH STREET
SURGERY PTY LTD

Patient Registration Form

* Compulsory Fields

*** Mr Mrs Ms Miss First Name:____________________ Surname:______________________**

Preferred Name:_________________

*** Date of Birth:___________________** *** Sex: Male ❐ Female ❐**

* Are you of (please tick) - **Aboriginal ❐ Torres Strait Islander ❐ Neither ❐**

*** Country of Birth/Ethnicity:____**

Religion: ____

***Address:____**

____Postcode:_________________________________

***Home Ph No.______________ Work Ph No.______________ Mobile No._________________**

*** Medicare Card No._____________________ Expiry Date:_______________**

*** If Pensioner or HCC, No._____________________ Expiry Date:________________**

Full Pension ❐ Part Pension ❐ Health Care Card ❐

*** If DVA Patient, DVA No. _________________ Expiry Date:____________________**

*** Emergency Contact Name:_________________________**

*** Contact Phone No. (In case of an Emergency)________________**

*** Next of Kin Name:_____________________________________**

*** Next of Kin Relation:___________________________________**

*** Next of Kin Contact No.________________________________**

E-mail Address:____

Health Insurance Fund:____

Health Insurance Fund No.________________________

Occupation:____

Family History:____

____

Mother Alive:Yes ❒ No ❒ Age of Death:_______

Cause of Death:____

Father Alive: Yes ❒ No ❒ Age of Death:_______

Cause of Death:____

Marital Status:___________________________

Sexuality _______________________(optional)

Recreational Activities:

____

____

Accommodation: Own Home ❒ Rental ❒ Relatives Home ❒

Lives With: Relative ❒ Friend ❒ Alone ❒

Has Carer: Yes ❒ No ❒ Is Carer: Yes ❒ No ❒

Carers Details: ____

Alcohol History:____

Alcohol Intake: Occasional ❒ Moderate ❒ Heavy ❒

Current Smoking History: Non Smoker ❐ Ex Smoker ❐ Smoker ❐

Year Started:____________ Year Stopped:____________

....(Signature of patient) ....(Date)

Payment is required on day of consultation. Our terms provide that in the event of this account remaining unpaid and being referred to a debt collection agency and/or law firm, all collection and legal demand costs will be added to the account.