



Patient Registration Form

How did you hear about us? (Please circle): Website/ Facebook /Radio/Health Engine/ Other: _____

Gender (Please circle): Male Female Prefer not to disclose **If female last Pap Smear date:**

Marital Status: Single Married De facto Separated Divorced Widowed

Children's Immunisations: If filing this form for a child, are immunisations up to date? Yes No

Are you Aboriginal and/or Torres Strait Islander (Circle)? No Yes

First Name: _____ Surname: _____ Occupation: _____

DOB: ____ / ____ / ____ Country of birth: _____ Ethnicity: _____

Home Address: _____ Suburb _____ Postcode: _____

Home Phone: _____ Mobile: _____

Medicare Number: _____ **IRN:** _____ **Exp date:** _____

Healthcare/Pension/Insurance card number: _____ **Exp date:** _____

Emergency Contact Person: _____ Relationship to patient: _____ Contact number: _____

Next of Kin: _____ Relationship to patient: _____ Contact number: _____

Do you have any present allergies? (Please list) _____

Current Medications (Including over the counter medications, vitamins and minerals):

Patient's Medical History

- Diabetes High Cholesterol High Blood Pressure Asthma Stroke
 Mental Illness Cancer (If yes, please specify) _____
 Other Illness or injuries: _____

Family History:

- Please specify: _____

Social Information:

- Do you smoke? Y / N If so how many a day? _____
- Do you drink alcohol? Y / N If yes how often? _____
- Do you use recreational drugs? Y / N If yes how often? _____

Weight: _____ **Height:** _____

Terms of Payment – I accept responsibility for my account and understand that the fee is payable on the day ONLY if payment is required and is not payable via Medicare.

Reminder Systems: Our practice provides our patients with preventative care and early case detection reminders e.g Immunisations, annual health checks, skin checks and pap smears. **SMS Reminders are not for marketing purposes, they are an essential tool to help ensure patient attendance.** Due to this our system by default is setup to send SMS unless you advise on this page that you don't want to receive SMS reminders from Aspire Medical and Skin Centre: No. **We use Health Engine for appointment booking system and SMS.**

I consent to the use of my personal health information by Aspire Medical and Skin Centre 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: _____