

# ARROWHEAD MEDICAL CENTRE: PATIENT REGISTRATION FORM

Title:	First name:	Surname:	Preferred name:	Date of Birth	Gender:
Marital status:	Medicare Number:	Reference No:	Expiry Date:		
Pension/Healthcare/Concession Card:	Exp date:	DVA (Dept Veteran Affair) Number:	Exp date:		
Name of Regular Practitioner:		Name if different from Medicare Card:			
Address:	Post code:	Mobile:	Home:	Work:	
Ethnicity (Nationality):	Country of birth:	Occupation (Employment):	Email:		
Are you Aboriginal or Torres Strait Islander/ATSI: YES / NO : (Please specify if yes) _____					
Name of Emergency Contact:	Number of Emergency Contact:	Relation to patient:			
Height in CM if known:	Weight in KGS if known:	Do you smoke? Yes/No  How many a day:	Do you drink? Yes/No  How many a day:	Allergies: Yes/No List:	
Last pneumococcal: _____	Last influenza: _____	List of drugs:	History of anaphylaxis:		
Not sure/never	Not sure/never				
Do you give consent for our clinic to contact you via: SMS: YES/NO      EMAIL: YES/NO					

**PRIVACY AGREEMENT:**

I understand that Arrowhead Medical Centre complies with the privacy Act (1998) and as part of their privacy policy they are committed in protection the privacy of individuals and their personal information. My signature below indicate that I have read the above consent Arrowhead Medical Centre collecting using, storing and disposing of my personal information; the release of relevant personal information to other health professional to allow quality medical care I, inclusion in a recall register to be advised of follow up visits, medical updates and health information, inclusion in national/state reminder systems/register the release of information to my (prospective) employer, their authorised representative and their insurer in the case of work related consultation or service understand I may withdraw my consent for Arrowhead Medical Centre to use disclose my personal information (except with legal obligation must be met).

Print Name: \_\_\_\_\_ Signature of patient/guardian: \_\_\_\_\_ Date: \_\_\_\_\_