

Please use a black pen to complete this form

Client registration form



*** Mandatory information required**

* Surname					* Date of birth					
* First name (s)					Preferred name					
* Can we confirm your appointment by SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No					* Mobile phone					
* Email address					Home phone					
* Residential address					<input type="checkbox"/> Tick to prevent POSTAL correspondence to this address					
					Postcode					
Postal address					Postcode					
* Mandatory information required: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other										
* How would you like to be contacted? <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> SMS										
* Usual GP										
Address										
Are you living with a disability					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Intellectual disability <input type="checkbox"/> Mental health disorder <input type="checkbox"/> Physical disability <input type="checkbox"/> Other, please specify					
* Indigenous status <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Non-Indigenous										
* Country of birth					Year of arrival if not born in Australia					
* Preferred language					Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No					
Medicare card number					Ref. No.		Expiry date			
Healthcare card number					Expiry date					
Pension card number					Expiry date					
DVA										
Student ID number					Institution			Expiry date		
Private health/travel insurance					Fund name					
Member number					Expiry date					
Next of kin (In case of emergency, who should we contact?) Name										
Relationship to you					Phone					
Address										
Postcode										
* I (print name)					have received my confidential information sheet.					
* Signature					Date					

ADMIN USE ONLY

Paper file number	Location
Paper file number	Location