

Patient Registration Form

16 Harding Street Coburg 3058
P: 9384 1321 F: 9384 1431

2 Harding Street Coburg 3058
P: 9386 6000 F: 9386 7006

334 Sydney Road Coburg 3058
P: 9384 1321 F: 9384 1431
Preventative Health Nurses and Allied Health Annex

Title – please circle	Mr.	Mrs.	Ms.	Miss.	Master.	Dr.
Surname:		First Name:		Date of Birth:		
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other	<input type="checkbox"/> I identify as		<input type="checkbox"/> I choose not to identify	
Address:						
Email Address:						
Home Number:			Mobile Number:		Work Number:	
Do you agree to receive NORMAL results via SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Next of Kin						
Surname:		First Name:				
Home Number:			Mobile Number:		Work Number:	
Relationship to you:						
Emergency Contact						
Surname:		First Name:				
Home Number:			Mobile Number:		Relationship to you:	
Do you identify as:						
Aboriginal?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Torres Strait Islander?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Aboriginal & Torres Strait Islander?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		
Medicare Card No:			Order on Card:		Expiry Date:	
Pension Card No:					Expiry Date:	
Medical History/Conditions – please list your medical history or conditions you have:						
Allergies		<input type="checkbox"/> Yes	Please State:			<input type="checkbox"/> No
Smoking		Non Smoker		<input type="checkbox"/> Yes		
		Ex Smoker		<input type="checkbox"/> Yes	Year Ceased?	How many did you smoke per day?
		Current Smoker		<input type="checkbox"/> Yes	Year Started?	How many do you smoke per day?
Alcohol		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes how many per day/week?		
Operations - please list any operations you have had:						
Have you been in hospital for any reason?			<input type="checkbox"/> Yes	Reason:		<input type="checkbox"/> No
Medication – please list including herbal medications or supplements						
If your doctor thinks you need an AMBULANCE one will be called for you. If you are not covered then you will be liable for the cost. JOIN AMBULANCE VICTORIA to save yourself the worry. Go to www.ambulance.vic.gov.au						
OFFICE USE ONLY:						
Dr Name:		Date:			Staff Initials:	