



Patient Registration Form

Welcome, the doctors are committed to providing their patients with the best care, for this reason they are UNABLE to bulk bill & private consultation fees apply. For further information regarding the doctors' fees and services please visit newmarketfamilydoctors.com.au

Title: _____ Given Names: _____ Surname: _____

Known as: _____ Sex: Male / Female (please circle) Date of birth ____ / ____ / ____

Are You: Aboriginal / Torres Strait Islander / Both / Non-Indigenous (please circle)

Medicare No: _____ Ref No: _____ Expiry Date: ____ / ____ / ____

Pension Card No: _____ Expiry Date: ____ / ____ / ____

Government Health Care Card No: _____ Expiry Date: ____ / ____ / ____

Commonwealth Seniors Card No: _____ Expiry Date: ____ / ____ / ____

Veterans' Affairs No: _____ White / Gold (please circle) Expiry Date: ____ / ____ / ____

Address: _____ Suburb _____ Postcode _____

Contact Phone No's: Home _____ Work _____ Mobile _____

Email: (please print) _____ Marital Status: _____

Occupation: _____ Country of Birth: _____

Next of Kin Name: _____ Date of birth: ____ / ____ / ____

Best Contact No: _____ Relationship to you: _____

How did you hear about us? (please circle) Local advertising in shopping centre / Google search / Recommendation / From who? (optional) _____

Consent: I consent to the doctors practicing at Newmarket Family Doctors using the above information for medical purposes and for informing me of medical practice changes. All information is protected with the Privacy Act (1988) and is confidential from any persons not employed by or doctors practicing from Newmarket Family Doctors, but may be shared with other health professionals for the management of your health (eg: Allied health, specialists, hospitals, radiologists, pathologists).

Our full Privacy policy is available upon request.

Do you consent to SMS / Email contact for results, recalls, health reminders & appointment reminders?

Yes No

Patient / Parent / Guardian Signature: _____ Date: ____ / ____ / ____

OFFICE USE ONLY ENTERED BY _____ DOCTOR _____