

COBRAM MEDICAL CLINIC PATIENT REGISTRATION FORM

Cobram Medical Clinic collect this information to assist in the provision of best quality care. This form complies with the RACGP Standards for *general practices*. This means your personal health information is kept private and secure, as required by federal and state privacy laws. If you have concerns, please leave blank and discuss with your GP.

Please notify us promptly of any changes in your contact details. Accurate contact details help us identify you and your medical records, and allows us to contact you promptly about tests and results.

Section A: Personal Details

Title	Surname	Given Names	Preferred Name
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Please ensure this matches the name on your Medicare card

Date of Birth	Gender Identity	Marital status
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Home address	Postcode
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Postal address	Postcode
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Mobile number	Work number	Home number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Email

Medicare Card Number	Reference No.	Expiry date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Pension / Health Care Card/DVA	Card Type	Expiry date
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Pension concession card <input type="checkbox"/> Health Care Card <input type="checkbox"/> Commonwealth Seniors Health Card <input type="checkbox"/> White Card Condition: _____ <input type="checkbox"/> Gold Card	<input style="width: 100%;" type="text"/>

Who can we contact in an emergency?

Name	Relationship to you
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Mobile number	Work number	Home number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Do you have an advance health director for end of life care? Yes No

For more information talk to your GP

Section B: Cultural background

Knowing your cultural background can help us provide healthcare that meets your individual needs.

Are you of Aboriginal or Torres Strait Islander Origin			
No <input type="checkbox"/>	Yes, Aboriginal <input type="checkbox"/>	Yes, Torres Strait Islander <input type="checkbox"/>	Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/>

Other cultural background (eg Italian, Asian, Arabic)	Country of birth
<input type="text"/>	<input type="text"/>

Is English your first language?	If not, do you require an interpreter?	If yes, please specify language
No <input type="checkbox"/>	No <input type="checkbox"/>	
Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	

Section C: Allergies and Medications

List allergies and intolerances to medications	Describe your reaction
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

List regular medications and doses and any complementary (vitamins etc.) medicines and doses
<input type="text"/>
<input type="text"/>
<input type="text"/>

Section D: Consent

As part of the preventative health services and early case detection reminders offered by this practice (e.g. immunisations, cervical screening etc.), we send out follow up reminders and recalls to the address listed above. Do you consent to receive reminders and recalls via this system? Yes No

Our practice uses SMS reminder systems for your appointments. I consent to receive follow up reminders via SMS? Yes No

Health Information collection and use

Cobram Medical Clinic aims to protect the privacy and secure storage of your health information.

We require your consent to collect personal information about you and to use the information you provide in the following ways:

- Billing purposes and administrative purposes in running our medical practice
- Disclosure to others involved in your healthcare
- For research and quality assurance activities (unidentified) you will be informed and given the opportunity to "opt out" of any involvement
- To comply with any legislative or regulatory requirements e.g. notifiable diseases

I give consent to be contacted for reminders, recalls and appointments as listed above and for my personal information being used in the ways listed above

Signed	Print Name	Date
<input type="text"/>	<input type="text"/>	/ /

Section E: Transfer of health information

You may have consistently consulted with a GP at another practice. The health information held by that GP may assist us with your future healthcare needs. You may wish to have a copy or summary of your health records transferred to this practice. Please ask the receptionist for information about you this can take place.

Please advise us if your contact information or Medicare details change.