

North Ringwood Medical Centre PATIENT REGISTRATION FORM

Title	First Name	Surname	Date of Birth	Sex	Marital Status	Country of Birth
				M / F		
				M / F		
				M / F		
				M / F		

Aboriginal & Torres Strait Islander: No Yes (Aboriginal) Yes (Torres Strait Islander) Yes (Both)

Address :		Phone (H):	
		Phone (W):	
		Phone (M):	

Number/Name shown on Medicare card	Medicare card number	Valid To
	-	/
	-	/
	-	/
	-	/

Concessions

✓	Concession	Entitlement Number	Valid To
<input type="checkbox"/>	Health Care Card		
<input type="checkbox"/>	Pensioner		
<input type="checkbox"/>	Veterans' Affairs Gold Card		
<input type="checkbox"/>	Veterans' Affairs White Card		
<input type="checkbox"/>	None		

Account Payer:

Payment of your account on the day of consultation is requested.

✓	Account payer	Detail				
<input type="checkbox"/>	Self					
<input type="checkbox"/>	Parent	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 75%;">Name:</td> <td style="width: 25%;">D/O/B:</td> </tr> <tr> <td>Medicare no.:</td> <td>No. on card</td> </tr> </table>	Name:	D/O/B:	Medicare no.:	No. on card
Name:	D/O/B:					
Medicare no.:	No. on card					
<input type="checkbox"/>	Workcover	Claim number:				
<input type="checkbox"/>	TAC	Claim number:				
<input type="checkbox"/>	Other (eg. employer)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>Name:</td> </tr> <tr> <td>Address:</td> </tr> <tr> <td>Phone:</td> </tr> </table>	Name:	Address:	Phone:	
Name:						
Address:						
Phone:						

Next of Kin:

Name:	
Address:	
Phone:	
Relationship to patient:	

How did you find out about us?

- ✓
- North Ringwood Medical Centre website
 - Other website (specify):
 - Travel Clinics Australia website
 - Travel Clinics Australia phone line
 - Street signage
 - Word of Mouth
 - Yellow/White Pages

Office use only:
Date:
Entered by: