

## North Ringwood Medical Centre PATIENT REGISTRATION FORM

Title	First Name	Middle name	Surname	Date of Birth	Sex	Marital Status	Country of Birth	Cultural Background
					M / F			
					M / F			
					M / F			
					M / F			
<b>Aboriginal &amp; Torres Strait Islander:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (Aboriginal) <input type="checkbox"/> Yes (Torres Strait Islander) <input type="checkbox"/> Yes (Both)								

<b>Address :</b>		<b>Phone (H):</b>	
		<b>Phone (W):</b>	
		<b>Phone (M):</b>	
<b>Ethnicity:</b>		<b>Email:</b>	
Appointment Reminders & Results will be sent to you via SMS. Please inform reception Staff if you wish to opt out.			

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

### Concessions

	Concession	Entitlement Number	Valid To
<input checked="" 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.**

<input checked="" type="checkbox"/>	Account payer	Detail		
<input type="checkbox"/>	Self			
<input type="checkbox"/>	Parent	Title: Name:	DOB:	
		Medicare no:	Ref No:	Exp:

### Next of Kin:

### Emergency Contact:

Tick if same

Name:		Name:		<input type="checkbox"/>
Address:		Address:		
Phone:		Phone:		
Relationship to patient:		Relationship to patient:		

### How did you find out about us?

### Office use only:

- 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

Date:

Entered by: