BALMORAL MEDICAL PRACTICE

8209 3999
148 – 152 Spit Rd, Mosman, NSW, 2088
www.balmoralmedicalpractice.com

PATIENT REGISTRATION FORM

Title: ❒Mr ❒Mrs ❒Ms ❒Other: _____

Surname: _____

First name: _____
(On Medicare card)

Preferred name: _____

Date of birth: _____

Gender: ❒Male ❒Female

Country of birth: _____

PARENT DETAILS
(If registering a child)

First name: _____

Surname: _____

Date of birth: _____

Medicare No: _____

Patient No: _____

Expiry Date: _____

Home address: _____

Town / Suburb: _____ Postcode: _____

Telephone: Home: _____ Work: _____ Mobile: _____

Email: _____

Medicare number: _____

Patient number: _____ Expiry Date: _____

Veterans' Affairs number: _____ Expiry Date: _____

NEXT OF KIN

Name: _____
Phone: _____
Relationship: _____

EMERGENCY CONTACT ❒ Same as Next to Kin

Name: _____
Phone: _____
Relationship: _____

Where did you hear about our practice?

❒ Internet ❒ Newspaper ❒ Flyer ❒ Friend / Family ❒ Other

P.T.O.

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MEDICAL HISTORY

Past medical history: _____
(Conditions / operations/ illnesses)
_____

_____

Current medications: _____
(Note name / dose / frequency)
_____

_____

Allergies: _____

_____

Family medical history: _____

_____

_____

Social history: Number of siblings: _____ Number of children: _____

Smoker: ❒Yes _____ (number per day) ❒No ❒Ex-smoker (Year stopped _____)

Alcohol: ❒Never ❒Daily ❒Weekly ❒Other: _____

USE OF HEALTH DATA FOR RECALL REMINDER SYSTEM & QUALITY IMPROVEMENT

This practice uses a recall reminder system & engages in ongoing clinical quality improvement. To do this, access to your de-identified medical information is necessary. This information has no name, date of birth, nor any other identifying features if it is used for clinical audits or medical practice quality assessments. Privacy & confidentiality of your medical record is maintained at all times.

_____ ____/____/____
Patient's Signature Date

P.T.O.