New Patient Registration Form – Child (under 16)

Personal Details of Child

Title:_____ First Name:___________________ Middle Name:_________________ Surname:___________________

Preferred Name:________________________ Date Of Birth:____/____/_____ Gender: M ☐ F ☐ Other ☐

Medicare Card Number: __ __ __ __ __ __ __ __ __ __ Ref No: __ Expiry Date: ___/____

Pension / Healthcare Card / Veteran Affairs Number:_________________________________ Exp Date:___/___/____

Phone (Home):______________________________ (Mobile):____

Email Address:____

Residential Address:____

Suburb:____ Postcode:_______

Postal Address (if different):____

Preferred Contact: Email / Letter / Phone

Emergency Contact / Next of Kin

Name:____________________________________ Relationship To Child:__________________________________

Home Phone:_______________________________Mobile:____

Cultural Background

Knowing your child's cultural background can help us provide healthcare that meets their individual needs.

Is your child of Aboriginal or Torres Strait Islander origin? No ☐ Aboriginal ☐ Torres Strait Islander ☐

Country of Birth:_____________________________ What year did you move to Australia?____________________

Is English your child's first language? ☐ Yes ☐ No

If no, please specify:___________________________ Do they require an interpreter? ☐ Yes ☐ No

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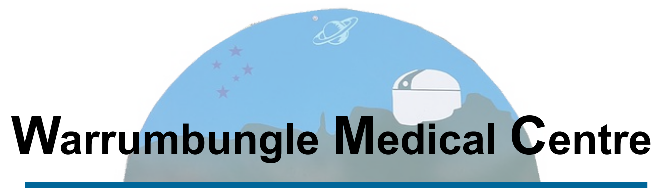

Brief Medical History

Medical History: (Chronic diseases/illnesses, operations etc.)

____
____
____
____
____
____

Regular Medicines and Doses: (Please include complementary medicines and doses)

____
____
____
____
____
____

Allergies/Intolerances: (Please state what to and describe your reaction)

____
____

Smoker Status: ☐ Never ☐ Ex Smoker ☐ Smoker

Consent

Our practice uses a reminder system to improve the quality of our healthcare. The practice sends reminders by mail or telephone for procedures such as vaccinations, pap smears and other health reviews. We also send appointment reminders via text message.

I consent to be contacted with reminders to help me maintain my health and appointments: ☐ Yes ☐ No

Non-attendance and Late Cancellation of Booked Appointments

Please allow a minimum of 2 hours notice for cancellation of booked appointments. Failure to cancel or attend a booked appointment will incur a fee and further appointments will not be made until the account is paid in full.
Standard fee: $80 Double appointment: $160

I understand that I will incur a fee for non-attendance or late cancellation of booked appointments: ☐ Yes

Signature of Patient / Guardian: ______________________________ Date: ______________

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