Dr Timothy Ong
Dr Carina Limgenco
Dr John Hanrahan

QUEENS PARK
MEDICAL CENTRE

New Patient Registration Form

Patient Details:

Title ______ **Given Names** __________________ **Surname** __________________ Preferred Name ____________________

Date of Birth: ____/____/____________ Male ☐ Female ☐

What is your ethnicity ________________ Spoken Language________________

Are you of Aboriginal or Torres Strait Islander origin? Yes ☐ (If Yes, please specify below) No ☐

Aboriginal ☐ Torres Strait Islander ☐ Aboriginal & Torres Strait Islander ☐

Does the patient require a translator? Yes ☐ (Please indicate which language) ________________________ No ☐

Medicare Number ☐☐☐☐☐☐☐☐☐☐ **No in front of name:** ☐ **Expiry Date:** ☐☐/☐☐

Concession Details: **Pension Card** ☐ **Health Care Card** ☐ **Veteran Affairs Card** ☐

Card Number ☐☐☐ ☐☐☐ ☐☐☐ Letter ☐ **Expiry Date** ☐☐/☐☐/☐☐

Patient's Home Address:____

Suburb/Postcode ____ ☐☐☐☐

Phone: (H)__________________ (W)____________________________ (M)_____________________

I approve the practice to contact me via the following methods

Email ____________________________________

Would you also like to be contacted via SMS (mobile text message) for: appointment reminders, recall and other test reminders or medical services we offer? ***Yes/No*** **Signature**: ______________

Marital Status: Single ☐ Married ☐ De facto ☐ Separated ☐ Divorced ☐ Widowed ☐

Occupation____________________ **Country of Birth**________________ **Year of Arrival in Australia**___________

Next of Kin Title______: Name____Relationship to you________________

Phone:(H)_________________________(W)___________________________(M)_________________________________

Emergency Contact (write "AS ABOVE" if same as Next of Kin)

Title: _______Name____Relationship to you________________________

Phone:(H)_________________________(W)___________________________(M)_________________________________

How did you find out about us? ☐ Internet ☐ Family/Friend ☐ Newspaper ☐ Drove by ☐ Other Pls. Specify _________________________

Did you know that you can now book online via our website? Simply visit www.queensparkmedical.com.au

Privacy Patient Information

To provide high standard of medical care we need to collect personal information from our patients. This information is usually collected from the patient but may be collected from family members and other health care provider's with the patient's consent. At times some of the information needs to be shared with other health care providers or we may be legally bound to disclose personal information. All persons accessing your personal health information are bound to confidentiality. Please do not hesitate to discuss any concerns, questions or complaints about any issues related to the privacy of your personal information with your Doctor.

Signature of patient or guardian ____Date _____/_____/ 2018