

## PATIENT REGISTRATION FORM

Central Health Alliance staff are committed to providing a holistic approach to your health. To enable us to provide the best possible health care designed around your needs, please fill out the information below. ALL information will be treated with the strictest confidentiality. Thank you for your assistance and we look forward to a long and healthy relationship.

### PATIENT INFORMATION

Title	<input type="checkbox"/> Dr				<input type="checkbox"/> Mr		<input type="checkbox"/> Mast		<input type="checkbox"/> Mrs		<input type="checkbox"/> Ms		<input type="checkbox"/> Miss		<input type="checkbox"/> Other	
Surname:																
First Name:									Middle Name:							
Preferred name									Date Of Birth:							
Home Address:																
Postal Address: (If different from home address)																
Contact Number	Home:				Work:				Mobile							
SMS Reminders:	<input type="checkbox"/> Yes				<input type="checkbox"/> No											
Email Address:																
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> De-facto <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated															
Occupation																
Medicare Number									Ref No:				Expiry Date:			
DVA Card:									Colour:				Expiry Date:			
List of DVA Conditions:																
<input type="checkbox"/> Pension <input type="checkbox"/> Health Care Card (HCC):									Expiry Date:							
Next of Kin: (Name, Address, Contact Number) Relationship to Patient																
Emergency Contact:																
Are you Aboriginal or Torres Strait Island Descent?	<input type="checkbox"/> No <input type="checkbox"/> Yes Torres Strait Island <input type="checkbox"/> Yes Aboriginal															

Your cultural background may increase your risk of certain illnesses. To help us provide you with the highest standard of care, please let practice staff know your cultural background and or preferred language:

Cultural Background:	
Country of birth:	
Language spoken at home:	