Merewether Ridge Street Surgery

GENERAL PRACTITIONERS

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DR PRUE OSBORNE
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Patient Registration & Information Form

We are committed to providing our patients with the best care. To do this, it is essential that your health record is kept up to date and accurate. ALL patients are asked to complete the following.

Family Name:..... Given Name: .....

Preferred Name:..... Title: Mr Mrs Miss Ms Mx Dr Other.....

Occupation:..... Date of Birth: .....

Gender Identity (opt):..... Gender Pronoun (opt):.....

Address:.....

..... Postcode: .....

Home No:..... Mobile No:.....

Email:..... Do you consent to this practice sending documents to other healthcare practitioners or yourself via email? Yes No

Country of Birth:..... Allergies:.....

Next of Kin: *Best person for us to contact in an emergency*

Name:.....Relationship:.....Phone:.....

Emergency Contact: *(if different from above)*

Name:.....Relationship:.....Phone:.....

Do you identify yourself as (please circle):

Aboriginal Torres Strait Islander Both Neither

Medicare Number: .....Exp: ...../..... Ref: .....

Pension/Health Care Card: ..... Exp: ...../.....

Dept. of Veterans' Affairs: .....Exp: ...../.....

Patient's name: ..... **Date:** ..... **Patient's signature:** .....

Signed by Guardian: (if appl.) ..... **Name:** .....