

NEW PATIENT REGISTRATION FORM

Personal Details

Title	Surname	Given Name	Preferred Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YY)	Birth Sex: (Male, Female, Other)		Gender Identity:
<input type="text"/>	<input type="text"/>		<input type="text"/>
Pronouns: (e.g.: she/her he/him they/them)			
<input type="text"/>			
Marital Status:			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Medicare Card Number		Ref Number	Expiry Date
<input type="text"/>		<input type="text"/>	<input type="text"/>
Pension or Health Care Card Number		Expiry Date	
<input type="text"/>		<input type="text"/>	
DVA Card Number (if applicable)		Gold <input type="checkbox"/> White <input type="checkbox"/> Expiry Date:	<input type="text"/>
Occupation			
<input type="text"/>			
Home Address		Postcode	
<input type="text"/>		<input type="text"/>	
Postal Address		Postcode	
<input type="text"/>		<input type="text"/>	
Telephone Number	Work Number	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Next of Kin Name		Relationship to you	
<input type="text"/>		<input type="text"/>	

Contact Number**Emergency Contact Name****Relationship to you****Do you have an advanced health directive for end of life care?**

Yes No For more information talk to your GP

Cultural Background

Knowing your cultural background can help us provide healthcare that meets your individual needs.

Are you of Aboriginal or Torres Strait Islander origin?

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

Cultural background (Ethnicity)**Country of Birth****Is English your first language? If not, do you require an interpreter? Please specify language**

Yes No

Yes No

Allergies and Medicines**List any allergies or intolerances to medications**

Describe your reaction

List regular medications and doses, including any over the counter medicines

Family History**Do you have or have you had any of the following?**

Asthma/Hayfever/Eczema Diabetes Heart Disease High Blood Pressure

Cancer – Type _____ Depression/Anxiety Dementia/Alzheimers

Other _____

Do you have a family history of any of the above? (circle) Yes No

If yes, which family members and which conditions?

Height _____ cms Weight _____ kgs

Smoking & Alcohol History

Are you a smoker?

Yes – How many cigarettes per day? _____ Ex Smoker – Year quit _____

No

Do you drink alcohol?

Yes – How many per day? _____ How many days per week? _____

No

Do you use illicit drugs?

Yes No If yes, please provide details: _____

How did you hear about us?

Internet Search Facebook Advertisement Word of Mouth Family

Other _____

Consent

Our practice uses a reminder system to help you maintain your health. The practice sends reminders by post, email, telephone or SMS for procedures such as vaccinations, pap tests, medical research and other health reviews.

I consent to being contacted with reminders to help me maintain my health

Yes No

Our practice also sends information to the Australian Immunisation Register and Pap Smear register. These registers also send reminders, which can be helpful if you move.

I consent to being contacted with reminders to help me maintain my health

Yes No

I consent to have my de-identified health data used for medical research projects

Yes No

Banksia Medical Centre is a private clinic and full payment is required on the day of service. Any fees not paid at the time of service will incur a \$10 administration fee and further appointments will not be booked until all accounts are settled.

I understand Banksia Medical Centre requires payment on the day of treatment, and I consent to do so.

I understand Banksia Medical Centre has a “No Show” Policy. Appointments cancelled within 2 hours or failure to attend appointments or answer telephone appointments will incur a fee of up to \$120 that will be required to be paid before any future appointments can be made.

Signature of patient or guardian

Date

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Transfer of health information

You may have consistently consulted with a GP at another practice. The health information held by that GP may assist us with your future healthcare needs. You may wish to have a copy or a summary of your health records transferred to this practice. Please ask the receptionist for information about how this can take place.

Please advise us if your contact information or Medicare details change.

Privacy and Policy Statements

Our full Privacy and Policy statements can be found online at www.banksiamedicalcentre.com.au. Please ask our reception team if you have any questions.

Use of AI Technology in Consultations

To support accurate and efficient clinical documentation, our practitioners may use secure AI-assisted transcription software during consultations.

- The AI system transcribes conversations to assist your doctor in preparing clinical notes.
- The software complies with Australian privacy and data security standards.
- Your information remains confidential and forms part of your medical record.
- You may decline the use of AI transcription at any time.