STATION MEDICAL CENTRE,ST ALBANS

 PATIENT REGISTRATION FORM

**Title……… First Name………………………………….. Surname………………………………..**

**Date of birth**…………/…………/…………… **Occupation**………………………………………………..

**Address**…………………………………………………………………………………………

**Suburb**…………………………………………  **Postcode**……………. **State**…………………………………….

**Phone: Home**………………………… **Mobile**…………………………… **Work**……………………..

**Nationality**…………………………………………………**Aboriginal or Torres Strait Islander**? Yes or No

**Marital Status**……………………………………………………..

**Medicare Number**……………………………………….**Reference Number**…………**Expiry date**……………………………

**Private Fund**…………………………………**Membership Number**………………………………

**Pension Number**………………………………………**Expiry date**…………………………………..

**Healthcare Card Number**……………………………………**Expiry date**…………………………

**Veteran Affairs Number**……………………………………..**Expiry date**………………………….

**Spouse’s Name**………………………………………………………**Phone Number**………………..

**Next of kin**…………………………………………. **Phone Number**…………………………………..

**Emergency Contact**: **Name**…………………………………….............**Contact Number**…………………………………… **Relationship**…………………………………………..**Medical history**: Do you have any relevant Medical history? If so please list below:…………………………………………………………………………………………………………………………….

**Medication(s):** Do you take any regular Medication? If so please list ………………………………………………………………………………………………………………………………

**Allergy**: Are you allergic to any medications? Yes or No. If any allergies please list……………………………………..........................................................................

**Family history**……………………………………………………………………………………………………………..

**Social history**: Do you smoke?......... How many per day/week?……………………Have you smoked previously?........ When did you give up smoking?.......Do you drink alcohol?........ How many per day/week?.......Do you smoke marijuana or any other substance?.........If so how often?...........**Privacy agreement and Patient consent**: I understand that Apex Healthcare Pty Ltd and Station Medical Centre comply with the Privacy Act (1988) and as part of their policy they are committed to protecting the privacy of individuals and their personal information. My Signature below indicates that I have read the above and consent to Apex Healthcare Pty Ltd and Station Medical Centre collecting, using, storing and disposing of any personal information; the release of relevant personal information to relevant health professional to allow quality medical care; inclusion in a register to be advised of follow up visits; inclusion in national/state reminder systems/registers, medical updates and health information and the release of relevant personal information to my prospective employer, their authorised representative and their insurer in the case of work related consultation or service. I understand I may withdraw my consent for Apex Healthcare Pty Ltd and Station Medical Centre to use and disclose my personal information (except when legal obligations must be met).

**Signature**…………………………………………………………………  **Date**……………………………………………………………