

# Cherrybrook Medical Centre

9484 5676

Patient registration form

reception@cherrybrookmedicalcentre.com.au

## Name

Prefix First Name Last Name

## Address

Street address

## Date of birth



Day Month Year

Street address 2

City State / province

## Gender

Male  
Female  
Transgender

Postal code

## Email

example@example.com.au

## Phone number

Area code Phone number

## Occupation

## Mobile number

Area code Phone number

## Work number

Area code Phone number

## Medicare number

Medicare ref. Medicare expiry

## Department of Veteran's Affairs

DVA Gold DVA White

## DVA number

**Concession card number**

**Expiry**

**Next of Kin - Name**

**Emergency contact - Name**

First Name      Last Name

First Name      Last Name

**Next of Kin - Phone number**

**Emergency contact - Phone number**

Area Code    Phone Number

Area Code    Phone Number

**Next of kin - Relationship to you**

**Emergency contact - Relationship**

**Patient background**

Aboriginal

Torres Strait Islander

Aboriginal & Torres Strait Islander

Australian

I choose not to identify

Other - please give details

**How would you like reminders sent to you?**

Mail

Email

SMS

Opt out

**How would you prefer us to contact you?**

Home phone

Mobile

Email

Mail

**Do you have any allergies?**

**Are you taking any medications?**

Please give substance, and reactions

Please give medication name and dose

### Medical history

- Asthma
- Diabetes
- Hypertension
- Chronic illness
- Other

### Details of any surgeries you've had

### Smoking

- Nil
- Ceased
- Yes How many per day

### Alcohol

- None
- Occasional
- Moderate
- Heavy

### Recreational / illicit drug use

- Nil
- Yes

Type

Frequency

## Family history

### Heart disease

- Mother
- Father

### Mental illness

- Mother
- Father

### Diabetes

- Mother
- Father

### Asthma

- Mother
- Father

### Hypertension

- Mother
- Father

### Cancer

- Mother
- Father Type

### Your full name

I hereby declare that the above information is true and accurate

### Date

Patient

Guardian

Day Month Year

