

Patient registration form

Personal details

Title:	Surname:	Given names:
DOB:	Gender:	
Martial status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Home address:	Post code:	
Postal address:	Post code:	
Phone Home:	Mobile:	
Email:		
Occupation:		

Card details

Medicare card number:	Ref #:	Expiry:
Pension number:		Expiry:
Healthcare card number:		Expiry:
DVA number:	<input type="checkbox"/> Gold <input type="checkbox"/> White <input type="checkbox"/> Orange	

Alternative contact details

	Full Name	Contact number	Relationship
Emergency contact			
Next of kin			

Background

Are you of Aboriginal or Torres Strait Islander origin?

<input type="checkbox"/> No	<input type="checkbox"/> Yes, Aboriginal	<input type="checkbox"/> Yes, Torres Strait Islander	<input type="checkbox"/> Yes, both
Country of birth:			
Is English your first language: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Social history

Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many per day/week?	
Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many per day/week?	

Medical history

Females: When did you last have a cervical screen?
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Please list medical history, including operations	
Family history (List any relevant medical history)	
Mother's side	Father's side

Allergies and medicines

Are you allergic or sensitive to any medications? If yes, please list below

Do you take regular medications? If yes, please list below

Consent

Riddell Country Practice uses a reminder system for appointment reminders and recalls

I consent to being contacted with reminders to help me maintain my health ☐ Yes ☐ No

Patient Consent & Billing Information

This form complies with RACGP Standards. Your personal health information is protected under federal and state privacy laws. If you have any concerns, you may leave this form blank and discuss them directly with your GP.

Please update us with any changes to your contact details to ensure we can identify you correctly and provide timely results and follow-up care.

Billing Policy

Riddell Country Practice is a private billing clinic.

- Bulk billing: Children under 16 and current Pensioner Concession Card holders only
- Discounted fees: For Health Care Card and Commonwealth Seniors Health Card holders
- Valid cards must be shown to receive discounts
- Payment is required on the day

By signing, I give consent for Riddell Country Practice to:

- Collect, use, store, and dispose of my personal health information
- Share relevant information with other health providers or insurers
- Include me in recall/reminder systems for follow-ups and health updates
- Provide information to national/state registers where required

Withdrawing Consent

I understand I can withdraw my consent at any time in writing, except where legal obligations apply.

Patient Signature: _____

Date: _____