**Patient Registration Form**

Mr, Mast, Mrs, Ms, Miss: Date of Birth: / /

First Name: Last Name / Surname:

Address:

Suburb: Post Code:

Phone: Mobile: Language Spoken:

Email: Ethnicity/Culture:

**Government Details – (NOT PRIVATE HEALTH.) We DO NOT deal with any private health insurance directly; this is the responsibility of the patient. All patients without a Medicare card will be charged a fee, which is payable on the day of each visit.**

Do you currently have Private Health Insurance? **Yes / No** (Circle One)

Medicare Number: **\_\_****\_ \_**\_\_ **\_**\_\_ **\_**\_\_ **\_**\_\_ \_**\_**\_ \_**\_**\_ \_**\_**\_ \_**\_**\_ \_**\_**\_ Ref No. Expiry Date:

Concession Card Reference No: Expiry Date:

Type of Card: (Circle One) PENSION HEALTH CARE CARD SENIORS CARD

**Emergency Contact Details**

**Next of Kin.**

Mr, Mrs, Ms, Miss:

First Name: Surname:

Address:

Suburb: Post Code:

Phone Number: Relationship to you:

**Emergency Contact. AS ABOVE (circle if as above)**

Mr, Mrs, Ms, Miss:

First Name: Surname:

Address:

Suburb: Post Code:

Phone Number: Relationship to you:

**Do you consent: Alpine Medical Centre to contact you via Phone, Email, Post or SMS for any reminders, recalls or appointment updates we may have for you? (Circle One) YES / NO**

**Patient Signature: Date:**

*Alpine Medical Centre adheres to the Privacy Act 1993. We do not share any of your information with any outside party unless agreed upon by yourself and the Dr.*