

Forest Hill Family Clinic

249 Canterbury Road, Forest Hill VIC 3131

Telephone (03) 9875 6222 Facsimile (03) 9894 4867 Email: reception@foresthillclinic.com.au

NEW PATIENT REGISTRATION

If the patient is under 16 years of age, this form must be completed by a Parent/Guardian

Contact Details

Mr/Mrs/Ms/Miss/Master/Other (please circle) _____
Patient Surname _____
Patient First Name _____
Date of Birth _____
Medicare Number _____
Reference Number _____ Expiry Date _____
Home Address _____
Suburb _____ Postcode _____
Home Telephone Number _____
Mobile Number _____
Email Address _____
Patient Occupation _____
If the patient is a child – name of Parent/Guardian _____

Country of Birth of Patient _____

Do you need an Interpreter? Yes No

Aboriginal or Torres Islander: Yes No

Please circle if any of the following cards apply

Veterans Affairs/Pension Card Holder/Health Care Card

Card Number _____ Expiry Date _____

Emergency Contact/ Next of Kin Details

Name: _____
Relationship _____
Contact Number _____

The Clinic will contact you either by phone or text regarding recalls and reminders

Medication

Do you have any allergies or reactions to any Medications? If so, please provide details _____

Do you take any regular medications (including puffers, contraception pill or any over-the-counter Medicines)? If yes, please provide details _____

Medical History

Do you have a history of any significant illness, injury or operation? If yes, please provide details _____

Do you have a family history of illness or allergy e.g. mother/father heart disease/diabetes? If yes, please provide details _____

Do you attend any Medical Specialists? _____

Are you Vision Impaired? _____

Are you Hearing Impaired? _____

Smoking History – Non-smoker/Ex-smoker (please circle)

If a Smoker, how many per day _____

Do you drink Alcohol, if so how many glasses per day ___?

Privacy Agreement and Patient Consent

FHFC needs to obtain your consent for messages to be left on your phone answering machine or message bank regarding matters involving your health. Your signature below indicates this and also that you understand FHFC complies with the Privacy Act (1988) and as part of the privacy policy they are committed to protecting the privacy of individuals and their personal information.

Signature: _____

Date: _____