Dr Timothy Ong
Dr Daniel Kim
Dr Hollie Speake
Dr Amrick Banwaith
Dr Nathanael Foo
Dr Hira Shah

QUEENS PARK MEDICAL CENTRE

NEW PATIENT REGISTRATION FORM

Please complete all sections in full and sign at the bottom

Patient Details

Title:	Given Name(s):	Surname:	Preferred Name:

Date of Birth (DD/MM/YYYY)	Gender:	Pronouns:
	☐ Male ☐ Female ☐ Other	☐ She/Her/Hers ☐ He/Him/His ☐They/Them/Theirs
	Gender Identity:	**Email Address**
	☐ Male ☐ Female ☐ Other ☐ Unknown	

Home Address (Street, Suburb, Postcode)	Mobile Number	Home Phone

Suburb:	Postcode:

Country of Birth	Occupation	Marital Status:
		☐ Single ☐ Married ☐ De Facto ☐ Separated ☐ Divorced ☐ Widowed

Interpreter Required?		Ethnicity	Aboriginal/Torres Strait Islander origin?
☐ No ☐ Yes	*Language*	*Ancestral Group/Cultural*	☐ No ☐ Yes – ☐ Aboriginal ☐ Torres Strait Islander ☐ Both

Medicare/Health Fund Details

Medicare Number		Reference Number:	
		Expiry Date:	

Concession Card Holder	Card / Letter Number:	
☐ Pension ☐ Health Care Card ☐ DVA ☐ None	Expiry Date:	

Private Health Fund ☐ OSHC ☐ OVHC	Membership / Card Number:	
	Patient No.:	
	Card Number (BUPA only):	

Next of Kin & Emergency Contact (*write 'AS ABOVE' in Emergency Contact if same person as Next of Kin)*

Next of Kin			
Given Name		**Relationship to You:**	
Last Name		**Phone (mobile preferred):**	
Emergency Contact			
Given Name		**Relationship to You:**	
Last Name		**Phone (+61 required):**	

Health & Lifestyle

Height (cm)	Weight (kg)	Waist (cm)	Allergies (Y / N / Nil known)

Smoking		Alcohol	
☐ Non-smoker ☐ Ex-smoker ☐ Smoker	Type:	☐ No ☐ Yes	Year started:
If smoker, how many per day:		If yes, how many days a week:	
Year started:		How many standard drinks per day:	

Consent & Acknowledgement – Please Read Before Signing

SMS Communication Consent ☐ Yes ☐ No

I consent to the practice contacting me via SMS for appointment reminders, recalls, and other test reminders or medical services offered.

Failure to Attend Policy

- I am responsible for attending my appointment, and for notifying the practice if I am unable to attend
- An automated SMS will be sent the day before my appointment, and I am responsible for responding 'Yes' or 'No'
- If unable to attend, I will give at least 2 hours' notice so other patients have the chance to see the GP
- If I fail to attend without notice, I may be charged a failure-to-attend fee

Privacy: We collect personal information to provide a high standard of care. This information may be collected from or shared with family members and other healthcare providers with your consent, or as required by law. All staff accessing your information are bound by confidentiality. Speak with your Doctor if you have any privacy questions or concerns.

Signature of patient or guardian: _____ Date: _____ / _____ / _____