

Patient Registration / Update Form

We are committed to providing our patients with the best care. To do this it is essential that your health record is kept up to date and accurate.

Could you please assist us by completing the following:

Title:	<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	
Surname		
First Name:		
Date of Birth:		
Birth Sex::	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Gender Identity :	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Gender Diverse <input type="checkbox"/> Transgender <input type="checkbox"/> Different Identity	
Pronouns :	<input type="checkbox"/> She/Her/Hers <input type="checkbox"/> He/Him/His <input type="checkbox"/> They/Them/Theirs	
Street Address:		
Postal Address: <input type="checkbox"/> as above		
Home Phone		
Mobile Phone		
Email		
Ethnicity <i>Knowing your cultural background can help us provide healthcare that meets your individual needs</i>	<input type="checkbox"/> Australian, non-Indigenous <input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Other cultural background: _____ Country of Birth: _____ <input type="checkbox"/> Do Not Wish to Provide Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: _____	
Medicare Number	#: _____ #: _____	Expiry:
<input type="checkbox"/> DVA Gold <input type="checkbox"/> DVA White	#: _____	Expiry:
Pension Number	#: _____	Expiry:
Health Care Card Number	#: _____	Expiry:
Private Health Cover	Name: _____ #: _____	
Next of Kin: Name and phone number: Address: Relationship to patient:		
Emergency Contact: Name and phone number: Address: Relationship to patient.		
Occupation of Patient:		
Consent	EFP uses a reminder system that can help you maintain your health. We send reminders via post, email, telephone or SMS for procedures such as vaccinations, cervical screenings and other health reminders. Do you consent to having relevant health information and reminders sent to you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Advanced Health Directive	Do you have an Advanced Health Directive for end-of-life care? <input type="checkbox"/> Yes <input type="checkbox"/> No For more information, please speak to your GP.	