

Once completed, please hand this registration form to reception

PATIENT INFORMATION			
Title:	Name: Preferred Calling Name:	Surname:	DOB:
Phone: H: W: M:	Address: Postcode:	Occupation: Nationality:	
Email:			
Are you of Aboriginal or Torres Strait islander origin? Y / N			
Please enter Medicare Card details:			
Card Number:	Position on Card:	Card Expiry:	
Do you have a: <input type="checkbox"/> Health Care Card <input type="checkbox"/> Pension Card <input type="checkbox"/> DVA Card <input type="checkbox"/> Commonwealth Seniors Health Card			
If so, please enter details: Number: Expiry:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Defacto			
I give permission to be contact via: Email: Y / N SMS: Y / N			
IN CASE OF EMERGENCY			
Name of local friend or relative:	Relationship:	Contact Details:	Other Contact Details:
I understand that Ashburton Family Practice complies with the Privacy Act (1988) and as part of their privacy policy, they are committed to protecting the privacy of individuals and their personal information. My signature below indicates that I have read the above, and consent to Ashburton Family Practice collecting, using, storing, and disposing of my personal information; the release of relevant personal information to other health professionals to allow quality medical care; inclusion in a recall register to be advised of follow up visits; inclusion in national/state reminder systems/registers, medical updates and health information and the release of relevant information to my (prospective) employer, their authorised representative and their insurer in the case of a work related consultation or service. I understand I may withdraw my consent for Ashburton Family Practice to use and disclose my personal information (except when legal obligations must be met).			
Patient / Guardian Signature:			Date:

Please tell us how you heard / found out about us:

- Friend/Family Flyer Health Engine Walking / Driving Past Internet Search
 Facebook Sponsored Ad Community Facebook page Other _____