



35 Queens Parade, Clifton Hill VIC 3068 | P. 03 9088 3258 | F. 03 9088 3257
admin@thecranegp.com.au | www.thecranegp.com.au

New Patient Registration Form

Personal Details

Title	Given Name	Middle Name	Family Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Preferred Name :

Birth Sex :

Date of Birth : / /
D D M M Y Y

Preferred Pronouns :

Gender Identity :

Are you of Aboriginal or Torres Strait Islander Origin?

No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

Ethnicity :

Country of Birth :

Medicare Number :

Medicare Line Number :

Medicare Expiry Date : / /
M M Y Y Y Y

Concession Card Type (if applicable) :

Concession Card Number (if applicable) :

Concession Expiry Date : / /
D D M M Y Y

DVA Number (if applicable) :

Please tick your **DVA Card Type** (if applicable):

Gold White Orange

Home Address : **Postcode**

Postal Address (if different to home address) : **Postcode**

Email :

Preferred Contact Number :

Mobile Phone Number :

Work Phone Number :

Home Phone Number :

Next of Kin

First Name :

Last Name :

Contact Number :

Relationship: :

Emergency Contact

Same details as above

First Name :

Last Name :

Contact Number :

Relationship: :

Demographic Details

Occupation :

Marital Status :

Private Health Insurance Fund (if applicable) :

Private Health Insurance Number (if applicable) :

Private Health Insurance Expiry Date : / /
D D / M M / Y Y

Allergies

Do you have any allergies, anaphylaxis or adverse reactions to medication, products or food etc?

No Yes (please see below)

List allergies and/or intolerances

Describe your reaction

Clinical Details

Do you have any current or past medical conditions?

No Yes (please specify below)

Do you take any prescribed medications?

No Yes (please specify below)

Do you take any over the counter / complimentary medications?

No Yes (please specify below)

Do you currently smoke?

No Yes

If you answered yes, how cigarettes per day?

Have you quit smoking?

No Yes N/A

If you answered yes, how many years ago did you quit?

How often do you have a drink containing alcohol?

Never Monthly or less 2 to 4 times a month 2 to 3 times a week 4 or more times a week

How many standard drinks would you have on a typical day that you consume alcohol?

Covid Vaccinations

How many Covid Vaccinations have you recieved?

Feedback

How did you hear about us?

Friend / Relative Google search Social media Other (please specify)

Reminders / Notifications Consent

I consent to the practice contacting me by SMS and / or email for the purposes of health information and reminders

Please indicate which notifactions / reminders you would like turned on:

Clinical reminders Results notifications Appointment reminders Health campaign notifications

Privacy and Email Policy

We are committed to protecting the privacy of patient information and to handling your personal information in a responsible manner in accordance with the Privacy Act 1988 (Cth), the Privacy Amendment (Enhancing Privacy Protection) Act 2012, the Australian Privacy Principles and relevant State and Territory privacy legislation (referred to as privacy legislation).

Please read our current Privacy Policy on our website www.thecranegp.com.au which explains how we collect, use and disclose your personal information, how you may access that information and how you may seek the correction of any information. It also explains how you may make a complaint about a breach of privacy legislation.

From time to time, as part of our health prevention initiatives, our team may have to check your Medicare eligibility for certain items related to your healthcare such as (but not limited to) Health Assessments and Care Plans to ensure you receive your Medicare rebates.

Our Practice will take reasonable steps to ensure that your personal information is accurate, complete, up to date and relevant. From time to time, we will ask you to verify that your personal information held by our practice is correct and current. If you wish to correct or update your information, please make your request in writing to admin@thecranegp.com.au or by post to The Crane General Practice (Attn: Practice Manager), 35 Queens Parade, Clifton Hill VIC 3068.

Email can be used as a form of communication between the Practice and patients or other health providers. It is important that you let our team know if you require encryption or pin protection to any email correspondence with the Practice. For more information, please read our current Email Policy on our website www.thecranegp.com.au.

Please discuss any concerns you may have relating to our Privacy or Email policy with your GP or our Practice Manager.

By signing this registration form I acknowledge that:

- I have read and understood the Practice's Privacy Policy on the Practice's website
- I consent to the handling of my personal health information in accordance with the Practice's Privacy Policy
- I consent to the Practice checking my Medicare eligibility for items related to my healthcare as needed
- I have read and understood the Practice's Email Policy on the Practice's website

Signature of Patient or Guardian

Date Signed

