

# **BOTANICAL GARDENS HEALTH – Patient Registration Form**

If you require a translator or assistance in completing this form please speak to reception

**Surname:**

**First and second names:**

**Title:**

**Residential address:**

**Postal address:**

**Date of birth:**

**Telephone number/s:**

Home:

Work:

Mobile:

.....  
Medicare number:

Reference Number:

Expiry date:

DVA card number:

Colour of card:

Expiry date:

Health Care Card number:

Expiry date:

Pension number:

Expiry date:

**Please note: We only bulk bill those on a current Pension/HCC or children under 16**

**Occupation:**

**Religion:**

**Employer:**

**Ethnicity:**

Aboriginal: Yes/No

Torres Strait Islander: Yes/No

**Cultural background:**

**Health Fund:**

Name:

Number:

**Next of kin and emergency contact details:**

(please include both names etc if your next of kin and emergency contact are 2 different people)

Name/s:

Relationship/s:

Telephone number/s:

**Person to be invoiced (if different from above):**

Name:

Relationship:

**For on call patients**

**Name, address and phone number of usual doctor:**