NORTHLAKES DOCTORS

Level 1, Suite 103
North Lakes Specialist Medical Centre
6 North Lakes Drive
North Lakes Qld 4509
Telephone: 07 3204 4433
Facsimile: 07 3204 6600

Patient Registration Form

Patient Details

Dr / Mr / Mrs / Ms / Miss / Master

First Name:	Middle Name:	Last Name:
Address:		
Home phone:	Mobile phone:	Work phone:
Email:		
Date of Birth:	Birth Sex:	Gender Identify:

Medicare Number:	Medicare IRN:	Expiry:
DVA Card Number:	DVA Card Type Gold Silver White	Expiry:
Pension or Health Card Number:		Expiry:
Private Health Fund:		

Occupation:	Do you identify as: Aboriginal Torres Strait Islander Both Aboriginal & Torres Strait Islander	Ethnicity (can be different from Nationality) Non indigenous Australian Other ______________________
Marital Status:		

Medical History

Any Allergies *(Mandatory field)* **

Nil known Allergies

Family History

Father	Diabetes	Hypertension	Heart Disease	Stroke
	Colon Cancer	Depression	Breast Cancer	Other *(Advise GP)*
Mother	Diabetes	Hypertension	Heart Disease	Stroke
	Colon Cancer	Depression	Breast Cancer	Other *(Advise GP)*

Smoking Status & Alcohol Intake *(Mandatory field for 10 years+)* **

Smoker
___Number of Cigarettes per day
___Number of Tobacco (25g) pouch per week
Ex-Smoker
Non-Smoker

Non-drinker
Drink's alcohol **weekly**
__Number of days per week
Drink's alcohol **monthly**
__Number of days per month
Drink's alcohol **rarely**

Number of Standard drinks on any one occasion
1-2
2-4
4-6
>6

Past History (Medical & Surgical)

1. ________________________________
2. ________________________________
3. ________________________________
4. ________________________________
5. ________________________________
6. ________________________________
7. ________________________________
8. ________________________________
9. ________________________________
10. ________________________________
11. ________________________________
12. ________________________________
13. ________________________________
14. ________________________________
15. ________________________________

Current Medications

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.

Emergency Contact Details

Name:	Relationship:	Contact:

Next of Kin Contact Details

Name:	Relationship:	Contact: