

**PATIENT REGISTRATION FORM**

Today's Date: \_\_\_\_\_

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_

MOBILE: \_\_\_\_\_ LANDLINE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PRIVATE HEALTH FUND: \_\_\_\_\_ Fund Number: \_\_\_\_\_

VETERAN AFFAIRS DVA # \_\_\_\_\_

MEDICARE NO: \_\_\_\_\_ Patient Reference No: \_\_\_\_\_

REFERRING DOCTOR FOR THIS APPOINTMENT: \_\_\_\_\_

USUAL GENERAL PRACTITIONER: \_\_\_\_\_

•ARE YOU A SMOKER YES / NO: \_\_\_\_\_

•CURRENT MEDICATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

•ALLERGIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORKCOVER AND TAC DETAILS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

COMPANY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF ACCIDENT WC/TAC: \_\_\_\_\_

CLAIM NO: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

TAC OR EMPLOYER INSURANCE COMPANY: \_\_\_\_\_

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**Signed:** \_\_\_\_\_

*\*Please remember to bring your X-rays, ultrasounds or IVIRI scans to each visit with Mr Booth  
\*In the event where your overdue account is referred to a collection agency and/or law firm, you will be liable for costs that would be incurred as if the debt is collected in full, including legal demand costs.*