



Maria Clinic Casino

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NEW PATIENT REGISTRATION SHEET

Personal Details:

Title	Given names	Surname	Known As (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth	Gender	Assigned at Birth	Preferred	Aboriginal / Torres Strait Islander?	Country Of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> No	<input type="text"/>

Medicare Card Number	Position on Card	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Pension, Health Care Card or Veterans Affairs Number (if applicable)	Type of Veterans Card	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address	Postcode
<input type="text"/>	<input type="text"/>

Postal Address	Postcode
<input type="text"/>	<input type="text"/>

Telephone—Home Number	Work Number	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email
<input type="text"/>

Next of Kin Name	Relationship to you
<input type="text"/>	<input type="text"/>

Telephone Number	Work Number	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Who can we contact in an Emergency?	
Name	Relationship to you
<input type="text"/>	<input type="text"/>

Telephone Number	Work Number	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

SMOKING STATUS-

ALCOHOL STATUS-

Allergies and Medications:

List any allergies and intolerances to medications	Describe your reaction.
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Consent:

By becoming a patient of Maria Clinic and signing this patient form, I agree to the following:

The disclosure of my personal health information by Maria Clinic to other health care providers involved directly or indirectly in my personal care or medical treatment.

To receive SMS/Email/Digital Methods of appointment reminders, recall for test results, preventative health and ongoing care reminders, diagnostic test reminders and other medical services offered by Maria Clinic.

To share my de-identified health data to the Australian Government and its agencies for quality improvement and clinical audit activities

Our practice also sends information to the Australian Childhood Immunization Register and the PAP Smear Register. These registers also send reminders, which can be helpful if you move.

I will notify Maria Clinic if any of the above information provided has changed as soon as possible.

Signature:

Practicing Doctor: Dr Maria Mundattu Dr Uma Bhajana Dr Mustafa Al-Yozbakee DR Gerard MacMahon Dr Albert Eisler DR Matthew Allan