



Patient Registration Form

Title:	Family Name:	Given Name(s):	
Address:			
Suburb:		Postcode:	
Date of Birth:	Occupation:	Ethnicity: Identify as ATSI: <input type="checkbox"/>	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Mobile Ph:	Home Ph:	Work Ph:	
Email:			
Medicare Card Details:		Ref:	Exp:
Concession, Healthcare or Pension Card:			Exp:
Next of Kin (NOK):	Relationship:	Ph:	
Emergency Contact (<i>If different to NOK</i>):	Relationship:	Ph:	
<input type="checkbox"/> No Allergies <input type="checkbox"/> Allergies:			
How did you hear about Como GP ? <input type="checkbox"/> Internet search <input type="checkbox"/> Recommendation <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Existing patient of Doctor <input type="checkbox"/> Building Signage <input type="checkbox"/> Flyer <input type="checkbox"/> Other _____			

By being a patient of Como GP I agree and consent to the following:

I consent to the careful and discreet use and disclosure of my relevant personal health information by Como GP to other health care providers involved directly or indirectly in my personal health care or medical treatment. I am aware that Como GP has a detailed privacy policy and this is available for my review at www.comogp.com.au.

As part of preventative health services offered by this practice we send out follow up reminders and recalls when routine investigations are due. I consent to receive follow up reminders and recalls to be sent to my address, my phone number or my email.

Signature: _____

Date: _____