

# The Clinic Altona – Patient Registration & Privacy Form

<b>Surname:</b>		<b>Given Names:</b>	
<b>Title</b>	Mr Mrs Ms Mst Miss	<b>Date of Birth</b>	
<b>Address</b>			
<b>Suburb</b>		<b>Post Code</b>	
<b>Home Phone</b>		<b>Work Phone</b>	<b>Mobile Phone</b>

<b>Email Address</b>	
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<b>Medicare No</b>	
<b>Reference No Expiry Date</b>	
<b>Pension No</b>	
<b>Health Care Card No</b>	
<b>Veteran's Affair No</b>	
	<b>Aboriginal or Torres Strait Islander</b> YES / NO

## Emergency Contact:

In case of emergencies who should we contact?

<b>Name</b>	
<b>Relationship</b>	
<b>Contact Number</b>	

## Allergies:

Are you allergic or sensitive to any medications? What reaction do you get?

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## Social History:

<b>Marital Status</b>	Single Married De-facto Divorced Separated Widowed
<b>Who do you live with:</b>	
<b>What is your occupation</b>	

## Family History

<b>Are your parents still alive?</b>	Mother YES / NO	Father YES / NO
<b>If yes, how old are they</b>		
<b>If deceased please state at what age and cause of death</b>		

Has any member of your family been diagnosed with: Diabetes      Heart Condition      Breast Cancer      Bowel Cancer
Other:

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## Past History

Are you diabetic?	YES / NO
Do you or have you had high blood pressure?	YES / NO
Have you ever suffered from shortness of breath or chest pain?	YES / NO
When did you have your last pap smear? What year:	
Have you even been a patient in a hospital	YES / NO

If so, what reason and when were you in hospital:

Do you take regular medications? Please list below:

## Smoking Status

Are you a:	Smoker	Ex-Smoker	Never Smoked
Frequency:	Daily	Less than weekly	Weekly
No of cigarettes:			
	Year Commenced:	Year Ceased:	
	Are you interested in quitting? YES/NO		

## Alcohol (Please answer all questions)

<b>How often do you have a drink containing alcohol?</b>				
Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
<b>How many standard drinks containing alcohol do you have on one occasion?</b>				
1-2	3-4	5-6	7-9	10 or more drinks
<b>How often do you have 6 or more drinks in one occasion?</b>				
Never	Less than monthly	Weekly	Daily or almost daily	
<b>Are you concerned about drinking? YES / NO</b>				

## Privacy Agreement & Patient Consent:

I understand that THE CLINIC ALTONA comply with the privacy Act (1988) and as part of their privacy policy they are committed to protecting the privacy of individuals and their personal information. My signature below indicates that I have read the above and consent to Clinic Name collecting, using, storing and disposing of my personal information; the release of relevant personal information to other health professionals to allow quality medical care; inclusion in a recall register to be advised of follow up visits; inclusion in national/state reminder systems/registers, medical updates and health information and the release of relevant personal information to my (prospective) employer, their authorised representative and their insurer in the case of a work related consultation or service. I understand I may withdraw my consent for Clinic Name to use and disclose my personal information (except when legal obligations must be met).

Signature

Date:

Staff Signature: \_\_\_\_\_ (scanned)