Encompass Medical Centre (Head Office)
PO Box 688, Mt Waverley VIC 3149
Tel: (03) 8545 9955

New Patient Registration Form

Personal Details

Full Name: _____
Title ***First Name*** ***Surname***

Date of Birth: _____ Occupation: _____

To assist with health initiatives, are you: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander

☐ Other (please specify): _____

Address: _____
Street Address

_____
Suburb ***State*** ***Post Code***

Home Phone: _____ Work Phone : _____

Mobile No: _____ Email: _____

The contact information you provide will be used to confirm your appointments and to follow up where applicable. Please inform us if this is not suitable or if your contact details change.

Card Details

Medicare Details: _____
Medicare Number ***Patient Number*** ***Expiry***

CONCESSIONS – Please present your relevant concession card to the reception staff

☐ Pension Concession ☐ Healthcare Card ☐ Veteran's Affairs ☐ Other (specify) _____

Card Details: _____
Card Number ***Expiry***

Emergency Contact Information

In the event of an emergency please provide details of who we should contact:

Next of Kin: _____
First Name ***Surname***

Relationship: _____ Mobile No: _____

Emergency Contact: _____
First Name *(Enter 'As above' if the same as Next of Kin)* ***Surname***

Relationship: _____ Mobile No: _____

How did you hear about Encompass Medical Centre?

☐ Word of Mouth ☐ Internet ☐ Newspaper ☐ Letterbox Delivery ☐ School ☐ Workplace ☐ Other (specify): _____

Would you like to receive SMS appointment reminders? ☐ Yes ☐ No

Would you like to receive email updates including our newsletter, extended opening hours, health alerts etc? ☐ Yes ☐ No

By signing this form, I understand Encompass Medical Centre is a bulk billing Medical Centre; however some consultations, procedures, tests, etc may incur additional fees not covered by Medicare.

I agree to pay all accounts within the centre's specified time period and understand that in the event of late payment, Encompass Medical Centre reserves the right to charge an accounting fee. If you require further clarification, please ask our friendly staff for more information before signing.

Signed: _____ Date: ____/____/____
Signature (Parent or guardian must sign if patient is under 16)

Please complete the Medical History section overleaf → →

ENCOMPASS MEDICAL CENTRE

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Tel: (03) 8545 9955

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Confidential Medical History Questionnaire

Please take a moment to complete these details so your doctor can provide you with the best possible care.

Past Medical History

- ☐ Anemia/Bleeding Disorders
- ☐ Asthma/emphysema/Lung Disease
- ☐ Arthritis/OA/ Rheumatoid Arthritis
- ☐ Deafness/Hearing Loss
- ☐ Diabetes – type
- ☐ Diabetes – Type 2 (Insulin dependent)
- ☐ Diabetes – Type 2 (Non-Insulin dependent)
- ☐ Epilepsy
- ☐ Hepatitis/Liver Disease
- ☐ Vision Problems
- ☐ Anxiety
- ☐ Depression
- ☐ Hypertension (High Blood Pressure)
- ☐ Hypotension (Low Blood Pressure)
- ☐ Heart Disease:
  Details: _____
- ☐ Digestive Problems (ie: Coeliac, IBD, etc):
  Details: _____
- ☐ Cancer:
  Details: _____
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____
- ☐ Other _____

Past Surgery:

_____

_____

Do you take any medications regularly? (Including herbal remedies or vitamins)

☐ **No** ☐ **Yes – Please List**

Medication	Dosage
Example; Panadol 500mg	*Example: 2 Tablets in the morning and before bed*

Do you have any allergies or intolerances? - ☐ **No Known Allergies** ☐ **Yes – Please List Below**

Allergy	Reaction	Severity		
(Medication, food or other)	*(Rash,nausea,anaphylaxis,etc)*	**Mild**	**Moderate**	**Severe**

Lifestyle

Do you smoke?: ☐ **No** ☐ **Yes: If so how many per day?**

Do you drink alcohol? ☐ **No** ☐ **Yes: If so how many days per week?** _____

How many standard drinks on each occasion?

Do you do any regular exercise? ☐ **No** ☐ **Yes: If so, how often?** _____

What form of exercise?

PRIVACY NOTE: The information requested is collected and stored under the provisions of the Victorian Health Records Act 2001 and the Commonwealth Privacy Act (1988). For more information or to download a copy of our privacy policy, please visit our website: www.encompassmc.com.au