New Patient Register

Kyabram Regional CLINIC

Personal Details

Name: _____

Date of Birth: _____

Address: _____

_____

Home Phone: _____

Mobile: _____

Sex:
(please circle) Male Female Other

Medicare no: _____

Expiry date: _____

Pension no: _____

Expiry date: _____

DVA no: _____

Health Insurance

Insurer: _____

Insurance no: _____

Occupation: _____

Employer: _____

Telephone: _____

Marital status: _____

Do you have any children? If so, how many and what ages

_____

_____

_____

Next of Kin

Name: _____

Address: _____

Phone: _____

Relationship: _____

Emergency Contact

Name: _____

Address: _____

Phone: _____

Relationship: _____

Are you of Aboriginal or Torres Strait Islander origin?

Please circle Yes No

Do you have another cultural background eg. Italian

Please list _____

Smoking (Please circle)

Non smoker Ex smoker Smoker

If yes, how many per day? _____

And what year did you start smoking? _____

If you're an ex-smoker, what year did you stop? _____

Alcohol (Please circle)

Yes No

If yes, how many drinks per week? _____

How many standard drinks per day? _____

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Recreational Activity

Do you play sport or attend the gym? (Please list)

What hobbies do you enjoy? (Please list)

Family History

Mother Alive: Yes No

If no, cause of death

Other significant family history (please circle)

Diabetes Heart Disease

Colon Cancer Hypertension

Stroke Depression

Breast Cancer

Other:

Father Alive: Yes No

If no, cause of death

Other significant family history (please circle)

Diabetes Heart Disease

Colon Cancer Hypertension

Stroke Depression

Other:

Allergies

Do you have any known allergies? Yes No

If yes, please list below and what type of reaction you had eg. Bee sting - Localised swelling

Do you suffer from any of the following? (please circle)

Diabetes Heart Disease

Colon Cancer Asthma

Stroke Depression

Breast Cancer Hypertension

Other:

Operations

Have you had any operations? (please list)

Significant medical history

Is there any significant history relating to yourself?

Recall System

We use a number of computer generated recall systems such as reminders for Pap smears, diabetic reviews. These are all to enhance the efficiency of the practice and prevent patients missing important reviews with their doctors. If you do not wish to be included please tick this box ☐