BeWorkFit Mackay
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BeWorkFit Mackay

New Patient Registration

Title	☐ Mr ☐ Mrs ☐ Ms ☐ Mast ☐ Miss ☐ Dr ☐ Prof ☐ Other	
Family name		Middle name/s
Given name/s		Preferred name
Date of birth	/ /	Gender ☐ Female ☐ Male
Do you identify as *(Please tick)*	☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ N/A ☐ Country of Birth:	
Marital status		
Occupation		Employer
Residential address		
Phone number	Home Work	Mobile
Email		

Medicare number		Ref	Expiry / /
Concession Card CRN		Pension / HCC	Expiry / /
DVA card		Gold / White	Expiry / /

Please complete table below

Required Information	Yes	No	Details
Allergies			
Alcohol intake			How often: Amount:
Smoking history			☐ Ex-Smoker How many per day?

Next of Kin / Emergency Contact	Name	Phone number

I consent to my doctor collecting my personal health information for appropriate ongoing care.
This information may be released to preferred health care professionals if required.

Signed: Date: / /

OFFICE USE	
☐ Pracsoft	Entered by:
☐ Best Practice	☐ Details entered/ scanned

BM2210