



NEW PATIENT REGISTRATION FORM C

Dear Parent/Guardian

Swansea Channel Practice is committed to providing patients with the best possible care. To do this it is essential that your child's medical records are accurate.

We require the following information to complete our files. All information provided will be handled with the utmost privacy and confidentiality.

Childs' Surname

Please Circle (Miss/Mst)

Given Names:

Date of Birth:

Country of Birth

Street Address:

Suburb and Post Code:

Emergency Contact Details:

Name:

Relationship to child:

Telephone: Home:

Mobile:

Work:

Is the child of Aboriginal or Torres Strait Islander descent? Yes/No

Preferred Language spoken at Home other than English:

Medicare Card Number

_____ Ref No: ____ / ____

Expiry Date

Pension Number

Expiry Date

Medical Information:

Does the child have any allergies? Yes/No

Please list:

Family Medical History?
(Please Circle)

Asthma
Yes /No

Cancer
Yes /No

Diabetes
Yes/No

Heart Attack
Yes/No

Stroke
Yes/No

Other

Does the child have/ or ever had?

Asthma
Yes /No

Cancer
Yes /No

Diabetes
Yes/No

Any other known Medical Conditions? Yes/No

If yes please give details:

P.T.O.

Does the child take Medications? Yes/No

If yes please list (Including Dosage):

Does the child take over the counter Medication/ Minerals or Vitamins on a daily basis? Yes/No

If yes please list (Including Dosage):

Are the Childs' immunisations up to date: Yes/ No

Date of last Immunisation:

Consent Declaration:

I,.....(relationship to child).....hereby consent to
(Your Name)

Swansea Channel Practice, transferring this information to other Health Providers to aid in my

Childs' (Name of Child)
ongoing medical care and management, and at times understand that it made be used in
Statistical Data for Practice Enhancements within the Swansea Channel Practice.

Parent/ Guardian Signature:.....Date:.....

Should I decide that my child will leave Swansea Channel Practice I understand that there will be
an administration fee of \$33.00 for the downloading and transferring of medical records.