

**REGISTRATION DETAILS**



**Note: Name must be written exactly as it appears on your Medicare card**

<b>title</b>	<b>first name</b>	<b>Surname</b>		
<b>middle name</b>	<b>preferred name</b>	<b>date of birth</b> / /	<b>Gender</b> Male Female	
<b>postal address</b>				
<b>residential address (if same as above – leave blank)</b>  note: please include all contact numbers				
<b>home phone</b>	<b>work phone</b>	<b>mobile phone</b>		
<b>Email Address:</b> _____ @ _____				
<b>** person responsible for account? (if same as above – leave blank)</b>  name: _____ phone: _____  address: _____  note: please present all cards at the front desk – thank you				
<b>Medicare card details</b>  medicare number: _____ <b>number in front of your name on card:</b> __ expiry date: _____ / _____		<b>Centrelink Seniors Health Card *red strip/pink card</b>  number: _____ expiry date: / /		
<b>Centrelink Pension Card number *blue card</b>  number: _____ expiry date: / /		<b>Centrelink Health Care Card number *green strip/yellow card</b>  number: _____ expiry date: / /		
<b>Department of Veterans Affairs</b>  number: _____  please circle type: <b>gold</b> <b>white</b> <b>If white care, are you covered for skin conditions?</b>  YES or NO		<b>Please list any <u>ALLERGIES</u></b>		
<b>Emergency Contact :</b> (mother, father, carer, sibling, partner, next door neighbor)  Name: _____ Phone Number: _____  Relationship: _____				
<b>Usual General Practitioner</b>		<b>Usual Medical Centre</b>		

**Please circle if you require any of the following:**

- \* Attendance certificate      \*medical certificate (unfit to work)      \* Carer's certificate