CompleteHealth Australia
G11, 2-4 Aberdour Avenue, Rouse Hill, 2155
t: 1300 874 325
f: 02 8080 8115

Patient Registration Form

Salutation:	First Name:		Surname:		
Gender:	☐ Female		☐ Male		
Date of birth:					
Marital Status:	☐ Single	☐ Married	☐ De-facto	☐ Divorced	☐ Widowed	☐ Separated
Address:					
Suburb:		State:		Postcode:	
Home Phone:		Work Phone:			
Mobile:		☐ No ☐ Yes Tick NO if you do not wish an SMS appt reminder to be sent			
Email:		☐ No ☐ Yes Tick NO if you do not wish to be contacted by email			
Patient portal access:	☐ Yes		☐ No		
Next of Kin					
Name:		Relationship to patient:			
Address:					
Suburb:		State:		Postcode:	
Phone no:					
Medicare Card no:		Ref no (No next to your name):		Expiry date:	
Private Health Fund Name:		Membership No:			
Health Care Number:		Expiry date:			
DVA no:		Colour:		Expiry date:	
DVA disability:					
Pension No:		Type of Pension:		Expiry date:	
Referring Doctor		Suburb:			
GP Name:		Suburb:			