



GP Clinic Registration Form

Title			
Surname		Date of birth	/ /
First Name/s			
Birth Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Gender Identity	<input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender <input type="checkbox"/> Female <input type="checkbox"/> Gender diverse <input type="checkbox"/> Different identity
Cultural Background	Knowing your cultural background can help us provide healthcare that meets your individual needs. Are you of Aboriginal or Torres Strait Islander origin? No <input type="checkbox"/> Yes , Aboriginal <input type="checkbox"/> Yes ,Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander <input type="checkbox"/> Other cultural background (e.g. Mediterranean, Asian, African) : Country of birth : _____ Is English your first language? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, do you require an interpreter? Yes <input type="checkbox"/> No <input type="checkbox"/> Please specify language: _____		
Street Address			
Suburb		Postcode	
Postal Address	<input type="checkbox"/> Same as above		
Home Phone		Work Phone	
Mobile Phone			
Email			
Medicare Card	_____	Ref No. ____	Expiry Date __ / __ / __
Pensioner Card	_____	Expiry Date __ / __ / __	
Health Care Card	_____	Expiry Date __ / __ / __	
Next of Kin	First Name: _____ Surname: _____ Relationship to you: _____	Phone: _____	
Emergency contact?	First Name: _____ Surname: _____ Relationship to you: _____	Phone: _____	



Brisbane South
State Secondary
College

Registration Form

Declaration

I hereby consent to be seen by Health Practitioner at Brisbane South State Secondary College.

Signature patient or guardian: _____ Date: __/__/__

We collect personal information and sensitive health information about you and safeguards is confidentiality and privacy with the National Privacy Principles. Your personal health information is kept private and secure, as required by federal and state privacy laws. If you have concerns, please leave blank and discuss with your GP.