LifeBridge MEDICAL CENTRE

8 Nilmar Avenue
Wodonga, Victoria, 3690
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New Patient Registration Form

Patient Details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other ----------

- **Surname** ----------
- **First Name** ----------
- **Date of Birth**:----------
- **Gender**: ☐ Male ☐ Female ☐ Other ☐ Prefer not to say
- **Pronouns** ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other: __
- **Marital Status** ----------
- **Occupation :** ----------
- **Medicare Number**: ----------**Ref No: ------ Exp Date -------**
- **DVA Card Number** (If applicable)**:----------Exp Date-------**
- **Type of Veterans Affairs card----------**
- **DVA White Card Conditions Covered----------**
- **Healthcare/Pension Card No**: ---------- ----------**Exp Date :--------**

Contact Details

- **Residential Address**:----------

  Suburb: ----------**Postcode----------**
- **Postal Address** (if different)----------

- **Mobile:----------**
- **Home Phone:----------**
- **Work Phone**:----------
- **Email**:----------

Preferred Contact Method: ☐ SMS ☐ Phone ☐ Email ☐ Post

Emergency Contact

- **Name**:----------
- **Relationship to you** :----------
- **Mobile Phone**:----------
- **Work Phone Number ----------**

Cultural Background

- **Country of Birth:----------**
- **Do you identify as Aboriginal or Torres Strait Islander?**

  ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Both

- **Language spoken at home**:----------
- **Do you require an interpreter?** ☐ Yes ☐ No

Health Information

- **Do you have any allergies?**

  ☐ No ☐ Yes – please Complete below

  Allergen Type of Reaction (e.g. Rash, Anaphylaxis

☐ **Yes – Please complete below:**

Allergen (eg Penicillin or Nuts)	Type of Reaction (e.g. Rash or anaphylaxis)	Severity
1----------	----------	----------
2----------	----------	----------

• **Current Medications** (include over-the-counter/herbal):

1----------2----------3----------

• **Past Medical History** (tick if applicable):

☐ Diabetes ☐ Hypertension ☐ Asthma ☐ Heart Disease

☐ Cancer ☐ Depression/Anxiety ☐ Other:----------

• **Immunisations up to date?** ☐ Yes ☐ No ☐ Unsure

Smoking History

☐ Never Smoked ☐ Former Smoker ☐ Current Smoker

If current: ___ cigarettes/day Since: _____

Vaping History

☐ Never Vaped ☐ Former Vaper ☐ Current Vaper
If current: ___ times/day Since: _____

Alcohol Intake

☐ No ☐ Occasionally ☐ Regularly (___ drinks/week)

Privacy, Consent & Clinic Policies

SMS Communication Consent

Lifebridge Medical Centre uses SMS as a convenient and secure way to communicate with patients. By ticking “Yes” below, I consent to receiving:

- **Appointment reminders**
- **Health recall notices** (e.g. immunisations, screening tests, care plans)
- **Test result notifications** (if clinically appropriate)
- **Health promotion messages** relevant to my care

☐ **Yes**, I consent to receiving SMS reminders and recalls

☐ **No**, I do not consent to SMS communications

Note: You can opt out of SMS communication at any time by notifying reception.

Failure to Attend Policy – $30 Non-Attendance Fee

We value your time and the time of our clinicians. Missed appointments without notice impact our ability to provide timely care to others.

- A **minimum of 2 hours' notice** is required for cancellations.
- Failure to attend an appointment **without adequate notice** will result in a **$30 non-attendance fee**, which must be paid before any future bookings can be made.
- This policy applies to **standard and long consults**.

☐ I acknowledge and accept the **Failure to Attend Policy**

Zero Tolerance Policy

Lifebridge Medical Centre maintains a safe, respectful environment for staff and patients. We have a **Zero Tolerance Policy** towards:

- Aggressive, abusive, or violent language or behaviour
- Discrimination or harassment of any kind
- Intimidation or threats Breaches of this policy may result in **refusal of service**, **discharge from the practice**, and/or reporting to authorities where appropriate.

☐ I acknowledge and agree to comply with the **Zero Tolerance Policy**

Patient Full Name: **----------**

Signature: **----------**

Date: ___ / ___ / _____