



## NEW PATIENT REGISTRATION FORM

Miss

Master

Patient's Surname ..... Patient's First Name .....

Date of Birth ...../...../.....

Postal address .....

..... Suburb ..... Postcode .....

Daytime phone ..... Mobile ..... Work .....

Email address .....

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### Parent/Guardian Information

Mother's Name .....

Contact Number ..... Email .....

Father's Name .....

Contact Number ..... Email .....

Guardian's Name .....

Contact Number ..... Email .....

### Are the parent's separated?

Yes

No

### Is there a Court Order?

Yes. If so, please provide to staff.

No

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**Emergency Contact**

Name ..... Relationship to patient .....

Mobile number.....

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**Ethnicity:** Australian                  Aboriginal                  Torres Strait Islander                  (Please circle)

Medicare number .....

Reference number (next to name) .....                  Card expiry ...../.....

Pension or Centrelink Health Care Card Number .....                  Card expiry ...../.....

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Account to be addressed to: (for billing purposes – as shown on Medicare card):

Name .....                  DOB ...../...../.....                  Ref no. on Medicare Card.....

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**PATIENT NAME:** .....                  DOB ...../...../.....

**ALLERGIES**                   Nil known

ALLERGY/INTOLERANCES	REACTION	SEVERITY

**Please list current medications, including vitamins and mineral supplements**

Name	Dose

**INFANT PROFILE**

Please list any problems during pregnancy .....

When was the baby born?

- Full Term
- Premature—how many weeks? .....

Mode of delivery

- Normal
- Caesarean
- Forceps
- Vacuum extraction

Feeding:

- Bottle
- Breast fed

Please list any health problems for the baby after birth .....

**CONSENT**

Coastal Childhealth is committed to providing optimal care for all patients. We believe that it is in the best interest of your child that you collaborate and communicate regarding your child’s welfare, including their health, education, social life, and an agreed parenting framework. We believe in collaborating with all members of the parenting team to assist our patients, and this form outlines responsibilities and commitments which we believe are essential in helping us manage the care of your child, minimise conflict, and respect the rights of both parents. To do that, we require both parents to agree to the following terms:

I agree to an assessment and any agreed therapy being undertaken at the Coastal Childhealth for the care of my child. Our doctor’s responsibility is to the child and not to either parent.

- I agree to be courteous and civil in all consultations.
- I agree that all bills are to be paid at the time of the appointment, with any financial arrangements or Medicare/health fund claiming issues to be subsequently negotiated between the parents. The parent arranging the appointment is responsible for paying.
- I understand that if there is a risk of harm to the child or disclosure which legally requires a report to the Department of Family and Community Services that this will be made.
- I understand that where there is joint parenting, it is the parent’s responsibility who makes the appointment to inform the other parent of the appointment time and to seek their availability before making the appointment. This is particularly important given that our reminder service sends SMS reminders only to the parent who arranges the appointment.
- I understand that copies of correspondence can be sent to both parents who are present for the appointment. Where only one parent attends, it is the responsibility of this parent to share correspondence with the other parent.
- I understand that Coastal Paediatrics may disclose relevant information provided by either parent in our reports. It is the parent’s responsibility to keep us up to date regarding their parenting arrangements.

Before we make an appointment, we require:

- Copies of any court or parenting orders regarding medical decision-making for the child.
- Questionnaires and forms must be completed by each parent (unless one parent has sole custody for the purposes of decision-making). This is to ensure we have a full picture of your child’s behaviour and abilities in each of their homes.
- Coastal Paediatrics reserves the right to refuse care, assessments, or any service if the above is not honoured, or should either parent be acting in a manner detrimental to the welfare of the child.

**I agree that if an appointment is cancelled within 48 hours of the appointment, I will be charged 50% of the appointment fee (third party not responsible for the account). All failure to attend appointments will be require to prepayment for the next appointment.**

Childs name: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_