doctor foster
& ASSOCIATES (Est 1947)
Modern Medicine | Traditional Values

Bunbury Medical Centre
207 Spencer Street, Bunbury WA 6230
T (08) 9792 2666 F (08) 9792 2600
E byrec@fostersmed.com.au

Usher Surgery
124 Parade Road, Bunbury WA 6230
T (08) 9795 2555 F (08) 9795 2500
E reception@fostersmed.com.au

NEW PATIENT REGISTRATION FORM

Please confirm the below details are correct, complete any blank spaces and return to receptionists for updating before your consultation.

PATIENT INFORMATION

Title: ☐ *Mr* ☐ *Mrs* ☐ *Ms* ☐ *Master* ☐ *Dr* ☐ *Prof* ☐ *Other* ____________________

Surname: ______________________________ Given Names: ______________________________

DOB: ______________________________ Gender: ☐ *Male* ☐ *Female*

Preferred Name: ______________________________ Home Number: ______________________________

Mobile: ______________________________ Consent for SMS for communications: ☐

Address: ____

Postal: ____

Email: ______________________________@______________________________

Do you identify as Aboriginal or Torres Strait Islander?

(Please tick if appropriate) ☐ ***Aboriginal*** ☐ ***Torres Strait Islander*** ☐ ***Both***

Ethnicity: ______________________________ Country of Birth: ______________________________

NEXT OF KIN

Next of Kin: ______________________________

Emergency Contact (If different from Next of Kin)

Name ______________________________ Name ______________________________

Relationship ______________________________ Relationship ______________________________

Contact Number ______________________________ Contact Number

Signed ____________________ (Patient or parent / legal guardian if under the age of 18 years)

Date ______________________________