



NEW CLIENT REGISTRATION FORM

We welcome, celebrate and respect diversity.
We will always use your preferred name.

TEMPLATE

| | | | | | | | | | |
|--|--------------|-------------|---------------|-----------------------------------|---|------|--------------------------|-----------------|----------|
| Title | Miss | Ms | Mrs | Mr | Mx | Dr | N/A | Other | |
| Preferred name | | | | | Last name | | | | |
| Name listed on Medicare Card | | | | | | | Date of birth / / | | |
| Gender | Female | Male | Non-binary | Different identity (specify) | | | | | |
| (Optional) What was listed on your first birth certificate? | | | | | Female | Male | | | |
| (Optional) What are your pronouns? | | | | | She | He | They | Other (specify) | |
| (Optional) I use different words to describe my body | | | | | Yes (specify) | | | | |
| Sexual orientation | Heterosexual | Gay/Lesbian | Bisexual | Queer | Prefer not to disclose | | | | |
| Different identity (specify) | | | | | | | | | |
| Country of birth | | | | Indigenous status | | | | | |
| Preferred language | | | | Aboriginal | Torres Strait Islander | | | | |
| Do you require an interpreter? | Yes | No | | Aboriginal/Torres Strait Islander | | | | | |
| If Yes, language required | | | | Non-Indigenous | Prefer not to disclose | | | | |
| Address | | | | | Postal address | | | | |
| City/Suburb | | | | | Postcode | | City/Suburb | | Postcode |
| Contact # | | | Work # | | Email | | | | |
| Pension/Benefit type | | | | | I consent to being contacted with reminders Yes No | | | | |
| Aged Pension | | | | | | | | | |
| Care Payment/Pension | | | | | | | | | |
| Dept Veterans Affairs Pension | | | Gold | White | Gender listed with Medicare M F X | | | | |
| Disability Support Pension | | | | | | | | | |
| Other government pension/benefit | | | | | | | | | |
| Unemployment-related benefits | | | | | | | | | |
| No government pension/benefit | | | | | | | | | |
| Health Care Card holder | | | | | Medicare number | | | | |
| | | | | | Ref # | | Expiry / | | |
| | | | | | Pension/Benefit number | | | | |
| | | | | | Expiry / | | | | |
| Next of kin | Name | | | | | | | | |
| | Relationship | | | | | | | | |
| | Phone | | | | | | | | |
| Emergency contact | Name | | | | | | | | |
| | Relationship | | | | | | | | |
| | Phone | | | | | | | | |

