**Client Registration Details**

To be completed by client and returned to us as soon as possible

**Personal Details** 個人資料

|  |  |
| --- | --- |
| Surname 姓氏 | Given Names 名 |
| Address 地址 | |
| Postcode 郵遞區號 | Country 國家 |
| Telephone (Home)家用電話 | Telephone (Work)工作 |
| Telephone (Mobile)手機 | Telephone (Other)其他 |
| Date of Birth 生日(日.月.年) | Sex 性別 Male 男/ Female 女 |
| Religion 宗教信仰 | Aboriginal/Torres Strait Islander 原住民 Yes/ No |
| Interpreter required 需要翻譯 Yes 是 / No 否 | Preferred Language 慣用語言 |
| Marital Status 婚姻狀況: Married 結婚 / Divorced 離婚 / Defacto 同居 / Single 單身/ Widowed 寡居 | |

**Local Doctor Details** 澳洲當地醫生資料

|  |  |
| --- | --- |
| Name 姓名 | |
| Address 地址 | |
| Phone No 電話 | Fax No 傳真號碼 |
| E-mail 電址郵件 | |

**Contact Person 1 Details** 緊急聯絡人 1

|  |  |
| --- | --- |
| Surname 姓氏 | Given Names 名 |
| Address 地址 Postcode 郵遞區號 | |
| Country 國家 | |
| Telephone (Home)家用電話 | Telephone (Work)工作 |
| Telephone (Mobile)手機 | Telephone (Other)其他 |
| Relationship to Patient 關係 | |

**Contact Person 2 Details** 緊急聯絡人 2

Given Names 名

Telephone (Work)工作

|  |
| --- |
| Surname 姓氏 |
|  |
|  |
| Telephone (Home) 家用電話 |
| Telephone (Mobile)手機 |
|  |

Telephone (Other)其他

OFFICE USE ONLY

Patient UID UID Assigned By

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