**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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