





# PATIENT REGISTRATION FORM

SURNAME..... GIVEN NAME.....

AFFIX LABEL HERE

MRN ..... GENDER ..... DOB ...../...../.....

(Please tick the boxes below wherever the answer is yes)

Name of Escort:

- Next of Kin (as detailed page 1)
- Emergency Contact (as detailed page 1)
- Other: Name: \_\_\_\_\_

Planning for Discharge:

- I live alone and will have someone to help look after me on discharge.

Name: \_\_\_\_\_

- I anticipate returning home after discharge.

- I will not be returning home. Overnight I will be staying with \_\_\_\_\_ (Name)

at the following Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Declaration

Patient Name: \_\_\_\_\_

- I declare that I have read and understood the information contained in the Admission Package.
- I have seen and understood the Australian Charter of Healthcare Rights.

Signature of Patient (Or Parent Guardian if under 18):

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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