Your Family Practice 2026

Patient Registration Form

Your Family Practice aims to provide patients with the best care. To do this, it is essential that your health record is kept up to date. Please let us know if your details change at any time.

Title		**Occupation**	
Surname		**Birth gender**	
Given name/s		**Gender identity**	
Preferred name		**Aboriginal/Torres Strait Islander**	**Y N Both**
D.O.B		**Other ethnicity**	
Birth Country		**Preferred Language:**	
Address			
Postal Address			

		Confidential Message (please circle)	
Home phone		**Y**	**N**
Mobile		**Y**	**N**
Work		**Y**	**N**
Email			

Do you consent for us to send you messages via SMS? **Y** **N**

				Expiry date
Medicare		**Reference**		
Concession Card		**Type**		
DVA		**Type**		

Next of kin

Name	
Contact number	
Relationship	

Emergency contact

Name	
Contact number	

Our practice uses a reminder system to help you maintain your health. The practice sends reminders by post, email, telephone and SMS. Do you wish to receive these reminders? Y N

Please indicate your preferred doctor:

MALE GPS: Dr Kasra Meshkinnejad Dr Pedram Pourchini

FEMALE GPS: Dr Para Dr Bahari Barani

Preferred Pharmacy:

_____

List any allergies and intolerances **Describe your reaction**

_____ _____

_____ _____

_____ _____

_____ _____

Past Medical History

Please circle any health issues you have had in the past or presently.

Heart problems/Conditions	**Diabetes**	**Nerve or neurological issues**
Elevated Cholesterol	**Cancer**	**Vision or hearing issues**
Lung or breathing issues (e.g. Asthma, COPD)	**Kidney disease**	**Arthritis or bone issues**
Depression/Anxiety	**Blood disorders**	**Other**

Please outline details _____

_____

_____

Have you had any surgeries/been hospitalised in the past 2 years? Y N

Please outline details _____

_____

_____

Do you give permission for us to upload your medical information to My Health Record? Y N