Redfern Station Medical Centre

Online Patient Registration

Level 1, 147-151 Redfern St, Redfern, NSW 2016
Phone : (02) 8313 2999
Fax : (02) 8313 2990
Email : admin@redfernstationmc.com.au

Online Patient Registration - Registration Guide

Term and Condition:

1. Redfern Station Medical Centre - Online Patient Registration only support for Australia Resident Address.
2. A confirmation notification message will be sent to your mobile and/or email upon successful entry.
3. Alternately, you can fill in this patient registration form upon your first visit, please call 8313-2999 for phone booking.

("*") indicate input required

PATIENT INFORMATION

*Surname:		*First Name:	Middle Name:
*Date of Birth: (dd/mm/yyyy e.g. 25/09/1997)	▼ / ▼ / ▼	*Gender: ▼	*Title: ▼
*Street Address:			
*Suburb:		*State: NSW ▼	*Postcode:
Home Phone: (e.g. 92831234)		Work Phone: (e.g. 92831234)	*Mobile: (e.g. 0466915511)
Email Address:		Ethnicity:	▼

EMERGENCY CONTACT

*Surname:		*First Name:	*Title: ▼
*Relationship: ▼		*Contact No: (e.g. 0466915511)	Alt. Contact No: (e.g. 92831234)

MEDICARE / CONCESSION CARDS / PRIVATE INSURANCE

Medicare No: e.g.1234 12345 1		Ref No:	Valid To: (MM/YYYY e.g. 12/2015) ▼ / ▼
Do you have a Veteran Affairs (DVA) ? If yes,		File Number:	Type: ▼
Do you have any other Australian Government / Concession Card? (Student Concession excluded) If yes, please provide detail below:-			
Type: ▼		Membership No:	Valid To: (dd/mm/yyyy e.g. 25/09/2018) ▼ / ▼ / ▼
Do you have any OSHC Insurance? If yes, please provide detail below:-			
Insurance Name: ▼		Membership No:	Expire Date: (dd/mm/yyyy e.g. 25/09/2018) ▼ / ▼ / ▼
			Next