

Robina Town Medical Centre

Robina Town Centre
27 Arbour Lane Terraces

ALL CORRESPONDENCE TO:
PO Box 3172

Easy T Medical Centre
42 Scottsdale Drive
Robina, Q, 4226

Robina Town Centre, 4226
Phone: 5578 9000
Fax: 5562 2176

Robina Town Centre, 4230

Phone: 5503 6333
Fax: 5575 8906

Welcome to our practice ☺

Information on our practice and your rights can be viewed on our website.

Title	Mr	Mrs	Miss	Ms	Dr	Other:
Your Name (First name then Surname)	First name:		Surname:			
Date of birth	Preferred name?		Please note! If you are 17 or older Medicare require you to have a registered bank account with them as rebates are not paid to a parent. Can be done by ringing 132011. Can use parent bank account but needs individual registration still.			
Sex \ Assigned Gender:	M	F	Preferred gender:			
 	Ethnicity: <input type="checkbox"/> Australian; non indigenous <input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Both Aboriginal and Torres Straight Islander <input type="checkbox"/> OTHER (please note country of birth):					
Address:						
Postal Address?						
Phone	Mobile			Work:		Home
Email						
Emergency Contact	Name			Relationship to you:		
Medicare Number:	Please hand card to Reception					
DVA Number:	If yes, please hand card to Reception					

Make sure you tell the GP if you have any known allergies (including to dressings)

Please note this is a cut down version of our new patient form for Covid only visits
If you attend in the future to see a GP we may ask you to complete our more comprehensive form