



NEW CLIENT REGISTRATION FORM

We welcome, celebrate and respect diversity.
We will always use your preferred name.

TEMPLATE

Title Miss Ms Mrs Mr Mx Dr N/A Other

Preferred name Last name

Name listed on Medicare Card Date of birth / /

Gender Female Male Non-binary Different identity (specify)

(Optional) **What was listed on your first birth certificate?** Female Male

(Optional) **What are your pronouns?** She He They Other (specify)

(Optional) **I use different words to describe my body** Yes (specify)

Sexual orientation Heterosexual Gay/Lesbian Bisexual Queer Prefer not to disclose
Different identity (specify)

Country of birth **Indigenous status**
Preferred language Aboriginal Torres Strait Islander
Do you require an interpreter? Yes No Aboriginal/Torres Strait Islander
If Yes, language required Non-Indigenous Prefer not to disclose

Address **Postal address**
City/Suburb Postcode City/Suburb Postcode

Contact # **Work #** **Email**

Pension/Benefit type **I consent to being contacted with reminders** Yes No
Aged Pension
Care Payment/Pension
Dept Veterans Affairs Pension Gold White
Disability Support Pension
Other government pension/benefit
Unemployment-related benefits
No government pension/benefit
Health Care Card holder
Gender listed with Medicare M F X
Medicare number
Ref # Expiry /
Pension/Benefit number
Expiry /

Next of kin Name
Relationship
Phone

Emergency contact Name
Relationship
Phone



HEALTH & GENDER AFFIRMATION IN NSW



HERE FOR HEALTH