



# 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) **At birth, you were recorded as?** 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

