

New Patient Registration

Additional Information



Name

Date of Birth (dd/mm/yy)

Please use the box below to tell us any additional non-clinical information we need to know.

Examples of information you might want to tell us include:

- Needing to be added to manual screening recall lists if your sex at birth was different to your current sex (information about screening for trans and non-binary people can be found at <https://tinyurl.com/transgender-screening>)
- Preferred pronouns/names
- Religious or Dietary information that may affect your care
- Asylum Seeker or Refugee status
- Main language (if not English)
- If you are currently pregnant (and your estimated due date)
- Other non-clinical information that you would like to make us aware of