SETAC Primary Health Care & Well-being Centre
7393 Channel Hwy, Cygnet Tas 7112
Phone: (03) 6295 1125 Fax: (03) 6295 0752 Email: health@setac.org.au
Website: www.setac.org.au Social Media: @setacaus

Registration Form - Child

Personal Details

Form completed by : _____ Relationship to child: _____

Given Names: _____ Surname: _____

Date of Birth: ____/____/____ Email: _____

Address: _____ Post code: _____

Postal Address: _____ Post code: _____

Home Phone: _____ Mobile: _____

Medicare: _ _ _ _ _ _ _ _ _ _ _ ( ) Client # Exp Date _ _ / _ _ _ _ Birth weight: _____

Emergency Contact Details

In case of an emergency, who can we contact?

Name: _____ Phone: _____

His/her relationship to child: _____

Aboriginal or Torres Strait Islander Status

Do you identify as being Aboriginal and/ or Torres Strait Islander? ☐ No ☐ Yes

☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander

If No? Do you have a family member who identifies as Aboriginal or TSI? ☐ No ☐ Yes

If Yes, What is their name: _____ Relationship to you: _____

Consent

Do you consent to SETAC staff using photographs of you and/ or your family that can be used in SETAC publication material/Social Media? ☐ Yes ☐ No

Do you consent to relevant information being shared with you GP and health professionals involved in your care i.e. specialists, allied health? ☐ Yes ☐ No

GP Name: _____ Practice Address: _____

Medical history

Arthritis ☐ Yes ☐ No **Diabetes** ☐ Yes ☐ No *Type 1* ☐ *Type 2* ☐

Kidney Disease ☐ Yes ☐ No **Cardiovascular** ☐ Yes ☐ No If yes, type? _____

Asthma ☐ Yes ☐ No **Cancers** ☐ Yes ☐ No If yes, type? _____

Allergies: _____

_____

Any other medical conditions _____

_____

Sign: _____ Date: ____/____/____

Witness Name: _____ Signature: _____

The South East Tasmanian Aboriginal Corporation (SETAC) receive funding from Australian Government