

Patient Registration Form

CONFIDENTIAL INFORMATION



Personal Information

Title (please tick) Mr Mrs Ms Miss Mst Other: _____ | Date of Birth / /

Surname _____ | Given Name _____

Address _____ | Postcode _____

Telephone No. _____ | H _____ | W _____ | M _____

Email Address _____ | Occupation _____

Medicare No. _____ | Ref No. _____ | Expiry Date _____

Private Health Fund _____ | Member No. _____ | Member since (mm) (yy)

Veterans Affairs Card No. (if applicable) _____ | Card Colour _____

Next of Kin / Emergency Contact

Full Name _____ | Relationship _____

Address _____ | Telephone No. _____

Paediatric/Special Needs Patients *(only complete this section if the patient is aged less than 18 or unable to legally give consent)*

Date of Birth of Primary Medicare Card Account Holder / /

I am a legal parent or guardian of the patient and capable of giving consent to any surgical procedures if necessary

OR

Name and contact telephone no. of the legal parent or guardian of the patient is _____

Pre-existing Medical Conditions

List All *(including infectious diseases such as hepatitis, tuberculosis, HIV/AIDS etc)*

Medications *(important – include fish oil, herbal supplements etc)*

Allergies Yes No List All *(including latex, medical tape etc)*

Privacy Statement *(a copy of our privacy policy is available on request)*

The information provided on this form is collected for the purpose of providing comprehensive health care. This data will be retained on your patient record and kept confidential. Your patient record may however be disclosed to third parties involved in your care and under certain circumstances:

- where required by law
- when requested by another medical practitioner/hospital including emergency medical care

Financial Consent

- I understand that I will incur out of pocket expenses and that fees are due and payable on the day of consultation
- Bills will incur a 10% surcharge if not settled on the day of consultation

Please sign to confirm you have read and understood the Privacy Statement and Financial Consent

Signature _____ | Date _____