

# Registration Form

## Section A — Personal Contact Details

(Complete details below as they appear on your Medicare Card)

Do you plan to be a regular patient?   Y   N	
Title   Mr   Mrs   Master   Miss   Ms   Dr	Country of birth
Family/Surname	Are you Aboriginal or Torres Straight Islander?   Y   N
Given Name	
Preferred Name	
eHealth Record   Y   N	
Date of Birth   D   M   Y	Age
Gender   Male   Female	Occupation
Interpreter (Language if required)	

Home address	Postcode
Postal address	Postcode
Home Phone	Mobile Phone
Work Phone	Email
Do you consent to SMS/Email Communication   Y   N	

## Section B — Government Identifiers

Medicare Card Number	Patient Number on card	Expiry   M   Y
Centrelink HCC/Pension Number		Expiry   D   M   Y
DVA Number	Gold/White/Lilac/Orange	
Conditions	Expiry   M   Y	

## Section C — Emergency Contact

Family/Surname	Given Name
Relationship to patient	Gender   Male   Female
Home phone	Mobile phone
Email	



## Section D — Account Payer

Self/Other (Name)	Date of Birth   D   M   Y
Address	Home phone
	Mobile phone
Medicare Card Number (if different to page 1)	Line No.     Expiry   M   Y

## Section E — Medical History

Any Known Allergies   Y   N	If so, to what?	
Describe reaction?		
Please list current medications		
Please note past/current medical conditions		
Heart disorders   Y   N	Asthma   Y   N	Blood pressure   Y   N
Blood disorders   Y   N	Kidney Disease   Y   N	Epilepsy   Y   N
Arthritis   Y   N	Migraine   Y   N	High Cholesterol   Y   N
Depression   Y   N	Diabetes   Y   N	Cancer (inc. skin)   Y   N
Alcohol intake (standard drinks per day)	Do you currently smoke   Y   N	
Number of cigarettes per day?	Have you ever smoked?   Y   N	
For how long – how many – If ceased, when (year)		
Family History (e.g. Diabetes, blood pressure, cancer, depression, cause of death)		
Mother	Father	
Siblings	Children	

## Section F — Privacy Information

### Transfer of Health Information

If you have consulted with another GP at another practice, the Health Information held by that GP may assist us with your future healthcare needs. If you wish to have a copy/summary of your health records transferred to this clinic, please ask our reception for information on how this can take place.

### Reminders & Recalls

Our medical clinic automatically provides our patients with preventative care and early detection reminders and recalls via mail. If you do NOT wish to receive reminders, please advise our reception staff.

### Privacy Policy

We are committed to maintaining the confidentiality of your personal information in keeping with the Privacy Act, 2001. It is clinic policy to maintain the security of personal health information at all times and to ensure this information is only available to authorised practitioners. Information may be disclosed to other organisations where required by law or if necessary contact details may be disclosed for debt recovery purposes. Our privacy policy is available at our reception and on our website.

### Student/Registrar Participation

Our medical clinic is an accredited teaching practice for undergraduates and postgraduates. Students will observe consultations from time to time. If you do NOT wish for them to be present during your consultation, please advise our reception staff.

Payment details: Please note we are NOT a bulk billing clinic and out of pocket fees apply

- Payment in full is required at the time of consultation. Cash, EFTPOS, Visa and MasterCard accepted.
- A \$10.00 accounting fee will be charged if your account is not paid in full on the day of the consultation.
- Accounts referred to a debt collection agency or solicitor will incur a debt collection fee.
- A non-attendance fee may be charged for consultations not cancelled within 24 hours.
- By signing this form, you accept the terms and conditions above (to be signed by the person liable for the accounts).

Signed	Date   D   M   Y
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