

## PATIENT REGISTRATION FORM



*Once completed, please hand the form to Reception*

<b>Title:</b> Mr <input type="radio"/> Ms <input type="radio"/> Other .....	<b>First Name:</b> Middle Name: Preferred Name:	<b>Surname:</b> <b>Date of Birth:</b>	<b>Language:</b> English <input type="radio"/> Other ..... <b>Country of Birth:</b>
<b>Contact Details:</b> Home: Mobile: Work: Email:		<b>Address:</b> No. & Street: Suburb: State:                      Postcode:	<b>N.O.K/Emergency Contact:</b> Name: Phone 1: Phone 2: Relationship:
Can we contact you by SMS?      Yes <input type="radio"/> No <input type="radio"/> Can we contact you by Email?      Yes <input type="radio"/> No <input type="radio"/>		<b>ATSI Origin:</b> Yes <input type="radio"/> No <input type="radio"/> <b>Occupation:</b>	
<b>Medicare Card:</b> Number: Ref: Expiry:	<b>Private Insurance:</b> Name of Fund: Number: Expiry:	<b>Workcover:</b> Claim No:                      Phone: Employer: Insurer:	
<b>Pension/Concession Eligibility:</b> Health Care Card <input type="radio"/> Pension Card <input type="radio"/> Centrelink Seniors Card <input type="radio"/> Number: Expiry:		<b>Veteran's Affairs:</b> DVA Gold <input type="radio"/> DVA Other <input type="radio"/> Number: Expiry:	
<b>Marital status:</b> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed <input type="radio"/> De-facto <input type="radio"/> Other <input type="radio"/>			
<b>CONSENT</b>			
<p><small>I understand that Care Medical complies with the privacy Act (1988). I consent for Care Medical to collect, store, use, copy, transfer and dispose of my personal and medical information which I have disclosed above and may disclose later and/or what may come to the notice of Care Medical at any time, in a manner that complies with the relevant Privacy Act/Legislation in relation to Medical Records. This includes, but is not limited to: release of information to other health professionals for provision of medical care; inclusion in a recall register which is used for patient-recalls/follow up; inclusion in state/national/other reminder systems/registers; release of information in situations that may be deemed to be of danger to myself or any other person; release of information in any situation dictated by the law; and release of information to any other party that I may give consent to either by direct instruction or by implication. I understand that I may withdraw such consent by notifying Care Medical in writing..</small></p>			
<b>Patient/Guardian signature:</b>		<b>Date:</b>	
<b>Please indicate how you found out about the clinic:</b> Family/Friend/Relative <input type="radio"/> Work <input type="radio"/> Drive by <input type="radio"/> Flyer/Brochure <input type="radio"/> HealthEngine <input type="radio"/> Google Search <input type="radio"/> Other <input type="radio"/> .....			