

Mr / Master / Mrs / Ms / Miss (please circle) other _____ Date of Birth _____

First Name _____ Surname _____

Home Address _____
_____ (suburb)

Home Ph _____ Work Ph _____ Mobile _____

Country of Birth _____

Is English Your First Language? Yes / No (please circle) If No please indicate language: _____

Aboriginal Torres Strait Islander?

Please state other cultural background _____

It is the policy of this practice to contact you via sms to return for results, change of appointments and confirmation of appointments. Do you consent to sms? Yes No

Do you have a Medicare Card? If YES please present to reception
Do you have a Centrelink Pension or Health Care Card? If YES please present to reception
Do you have Private Health Insurance? Yes / No Name of fund _____

Next of Kin

First Name: _____ Last Name: _____

Relationship _____ Ph _____

Emergency Contact

I authorise the following person to take messages regarding a recall, reminder or change of appointment:

First Name: _____ Last Name: _____

Relationship _____ Ph _____

Would you like to receive our email newsletter containing practice news/updates? Your email address will remain confidential. Yes / No If YES please provide email address _____

Patient Privacy Information

Your personal health information will only be used for the management of your health care or as otherwise permitted by law. At all times we are required to ensure your details are treated with the utmost confidentiality. Your records are very important and we will take all steps necessary to ensure they remain confidential.

I _____ have read the above privacy information

Signature _____

Office Use Only

entered by checked by scanned by