

BLACKBURN CLINIC PATIENT REGISTRATION DETAILS

Office Use Only
File number:
GP today:

We value your privacy. All information about you is kept in the strictest confidence. We collect information about you for the primary purpose of providing quality health care, and we will use the information you provide in the following ways:

- Disclosure to others involved in your health care, including treating doctors and specialists outside Blackburn Clinic, to enable a holistic approach and cater for ongoing health care;
- Administrative purposes in running our medical practice; and
- Billing purposes including compliance with Medicare and Health Insurance Commission requirements.

Title			
First Name			
Surname			
Street Address			
Suburb & Post Code			
Gender		Date of birth:	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex/Other <input type="checkbox"/> Transgender			
Home phone		Private Hospital Cover <input type="checkbox"/> Yes	
Work phone		<input type="checkbox"/> No	
Mobile phone		Fund name:	
Email address			
Medicare number		Expiry date	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Ref <input type="checkbox"/>			
Pension number		Expiry date	
Health Care Card number		Expiry date	
DVA Card number		Expiry date	
<input type="checkbox"/> Gold <input type="checkbox"/> White			
Next of Kin		Contact number (s)	
Name:			
Relationship to you:			
Emergency Contact		Contact number (s)	
Name:			
Relationship to you:			
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Defacto <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
Country of birth:			
Ethnicity:			
Preferred language:			
Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No			
To assist with health initiatives, are you Aboriginal or Torres Strait Islander?			
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander			
<input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander			
Reminders - in order to provide quality health care, this clinic has a routine reminder system for some medical conditions and for some appointments.			
Please indicate your consent to: - receiving Appointment reminders via SMS <input type="checkbox"/> Yes <input type="checkbox"/> No			
- receiving Medical reminders via SMS <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you do <u>not</u> want to participate in our medical reminder service please notify your doctor.			

Blackburn Clinic is a Private Practice and it is our policy that patients pay in full at completion of each consultation. Consultation fees are outlined in the Practice Information booklet. Fees apply for missed appointments.

I have read the information above and understand the reasons why my information is being collected. I am also aware that this practice has a privacy policy on handling patient information. I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice of. I understand that my medical care requires that I provide my past medical history, as this is vital in informing the decisions and treatments offered to me and enables this practice to maintain continuity of care. I accept responsibility of all accounts that are charged to me by Blackburn Clinic.

Patient's Signature _____ Today's date: _____