

New patient registration forms



Patient Name:		Title _____ Pronouns _____
Preferred Name:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B:
Home address:		Post code:
Phone:	Email:	
Home address:		Post code:
Medicare card:	Ref No. (next to your name) _____ Expiry: ___/___	
Private health insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fund Name / Membership #	
Occupation:	Veteran's Affairs (If applicable):	Expiry: ___/___
Aboriginal or Torres Strait Islander: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a referral? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Doctor <input type="checkbox"/> Physio <input type="checkbox"/> Masseur <input type="checkbox"/> Podiatrist <input type="checkbox"/> Other <input type="checkbox"/> (please state) _____ Name of Referrer: _____		

Next of Kin / Emergency contact:	
Name: _____	Relationship: _____ Contact Number: _____
<i>If patient is under 18 years of age, Medicare requires a parent/guardian to be the account holder</i>	
Account holder name (1 parent only):	Account Holder DOB:
Medicare # of <u>account holder</u> :	Account holder Ref # (# next to name):
Do you consent to receiving text communication from this clinic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you consent to receiving e-mail communication from this clinic: <input type="checkbox"/> Yes <input type="checkbox"/> No	
N.B. This is not a Bulk Billing practice. Payment in full is required at the time of consultation. NB: There will be a surcharge on card payments: Cash, Cheque, EFTPOS, Visa, Mastercard and Bankcard are accepted. VISA/MASTERCARD DEBIT (incl. Paypass or tap) 0.5% VISA/MASTERCARD CREDIT 1% EFTPOS – insert card FREE By signing this form, you accept the terms and conditions above.	

A non-attendance fee will be charged if you fail to give 48 hours' notice of cancellation.
I have read and understand the attached information on The Privacy Policy. I have read and agree to the above fees.

Signed:..... Date:

Referral from a general practitioner is needed to claim from Medicare for specialist consultations. GP referrals are usually valid for 12 months. **A new referral should be obtained from your GP after 12 months or for each new problem.**