

PATIENT INFORMATION / PRIVACY FORM

GENERAL

Title: (please circle) Mr / Mrs / Miss / Ms / Other _____

Last name: _____

First name: _____

Date of Birth: _____

Address: _____

Home phone: _____ **Work phone:** _____

Mobile phone: _____ **Email address:** _____

Alternate Contact Name: _____ **Phone:** _____

If we are not able to contact you, would you like us to leave a message with whoever answers the phone? Yes / No (please circle)

FINANCIAL

Medicare Number: _____ **Expiry date:** _____ **Reference No:** _____ (on left side of name)

Veteran Affairs Number: _____ **Expiry date:** _____

Pension Number: _____ **Type:** (please circle) Aged / Disability / Other: _____

Private Health Insurance: Yes/No (please circle) **Fund Name:** _____ **Membership number:** _____

NEXT OF KIN / CONTACT FOR EMERGENCIES

Name: _____ **Phone:** _____

Relationship: _____

REFERRAL

Referring Doctor: _____ **Phone:** _____

Address: _____

Family Doctor: _____ **Phone:** _____

Address: _____

IMPORTANT INFORMATION

Pathology and Radiology Fees: Doctors are not responsible to pay the fees in relation to pathology and radiology ordered on your behalf.
Payment of Fees: Payment of fees at the time of consultation is required. Collection fees will be charged and payable on any outstanding debts.
Privacy Policy: Our staff will not disclose this information to any third party. Your information is stored on a secure password protected information system. Onward referral to another specialist will require the duplication of this form, your record and test results. If results are not received by the practice, our staff may call the organisation that performed the tests to receive a fax copy. Your records and information may be kept by your doctor at another location. Your information may be used for billing purposes including bad debt management. If you do not give permission for the above please let our receptionist know. Access to your medical records may be allowed in accordance with the appropriate section of the National Privacy Act 1988.

Signature: _____ **Date:** _____