

**PATIENT REGISTRATION:**

**It is important that you complete all sections of this registration form. Please inform the receptionist if you are unable to do so.**

(MRS/MISS/MS) SURNAME: .....

GIVEN NAMES: .....

DATE OF BIRTH: ...../...../.....      MARITAL STATUS:.....

ADDRESS: .....

.....      POST CODE: .....

PHONE: (home) .....      (work).....      (mobile).....

MEDICARE NO: .....      EXP DATE:.....      REF. NO:.....

VETERANS' AFFAIRS NUMBER: (if applicable):.....

DO YOU HAVE HEALTH COVER OTHER THAN MEDICARE: YES / NO

IF SO, WHICH FUND:.....      M/SHIP No:.....

REFERRING DOCTOR:.....

**NAME & ADDRESS OF GENERAL PRACTITIONER**

.....  
.....

NEXT OF KIN:.....PHONE: (home).....

RELATIONSHIP:.....(work).....

EMERGENCY CONTACT (other than Next of Kin)

.....PHONE:.....

**PRIVACY STATEMENT:**

This medical practice collects information from you for the primary purpose of providing quality healthcare. We ask you to provide us with your personal details and a full medical history so that we may properly assess, diagnose, treat and be proactive in your healthcare needs. We may use the information you provide for administrative purposes in running our medical practice, including billing and compliance with medicare and Health Insurance Commission requirements. Information may be sent to other practitioners involved in your care. Confidentiality will always be maintained if any information related to your care is used in research, quality assurance or educational purposes.

**PAYMENT PROCEDURES:**

Please advise the receptionist if you are unable to pay your account at the time of consultation. Patients who do not pay their account after consultation are advised that the payment is due within 28 days. **Accounts not paid within 28 days will incur a late fee.** This practice uses a Debt Recovery service for overdue accounts. **Any charges incurred for this service will be passed on to the patient.**

**It is the policy of this practice that all out of pocket surgical fees be paid before surgery can proceed.**

**I consent to the handling of my information by this practice for the purpose set out above.  
I understand my obligation with regard to payment of my account.**

**Signed:.....Date:.....**