

**MAIDEN GULLY MEDICAL PRACTICE
CLIENT/PATIENT REGISTRATION - CONFIDENTIAL**

Details Entered
Scanned

Received: Client Rights Brochure Yes No

TITLE (MR/MRS/MISS/MS/MASTER)

FAMILY NAME

GIVEN NAMES

GENDER

Male Female Other

DATE OF BIRTH --

Dependent Children Yes No

STATUS

Married / De Facto Single Widowed Divorced / Separated Under 15 years

ADDRESS/ POSTAL ADDRESS

CITY/TOWN/SUBURB POSTCODE

TELEPHONE (HOME)

TELEPHONE (MOBILE)

E- MAIL

COUNTRY OF BIRTH

ABORIGINAL TORRES STRAIT ISLANDER

Yes No

To assist with health initiatives

Australia is a genuinely multicultural society. To tailor appropriate care, encourage understanding and appreciation between people from different nationalities and backgrounds – Do you identify as someone from a culturally and/or linguistic diverse background? No

Yes - Please elaborate.....

MEDICARE NO

Valid To

VETERAN AFFAIRS CARD NO.

Gold White Blue

PENSION/HCC NO.

Valid To

IN CASE OF EMERGENCY PLEASE CONTACT: NAME

CONTACT NUMBER/s

RELATIONSHIP TO YOU

ANY ALLERGIES OR INTOLERANCES? Please list

If allergies please explain reaction:

Do you smoke?

Y N

How many per day?

Year started?

Do you drink alcohol?

Y N

How often?

How many per day?

PRIVACY STATEMENT

Maiden Gully Medical Practice obtains this information to assist us to provide you with services. All information on this form is strictly confidential and will not be released to anyone without your consent. Maiden Gully Medical Practice complies with the Health Records Act 2001 (Victoria). Please speak to reception if you would like a copy of our privacy statement.

Signed:

Date:

If the Clinic is unable to contact you, is there a person you authorise to be contacted in your absence (for urgent medical information or recall)

Name.....**Relationship**.....

Phone No.....

Do you consent to our practice sending SMS reminders for the following:

Reminders Yes No

Recalls & Results Yes No

Health Information Yes No

I give my consent for disclosure for research and quality assurance activities to improve individual, community health care and Practice management. This may occur when Maiden Gully Medical Practice incorporates patient health records into de-identifiable patient information to transfer to a third party, normally used for quality improvement projects. De-identifiable patient information cannot be traced back to the individual.

Yes No

CONFIDENTIAL