

NEW PATIENT REGISTRATION

Personal Details

Mr Mrs Ms Miss Dr Other	Full Name:	
Preferred Name:	Date of Birth:	Gender Identity:
Home Address:		Post Code:
Home Phone:	Work Phone:	Mobile Phone:
Email Address:		Occupation:
Ethnicity:	Do you identify as Aboriginal or Torres Strait Islander: Yes / No	
Is English your First Language: Yes / No	If 'No', do you require an interpreter? Yes / No	
Allergies:		

Billing Details

Medicare Card Number:	Expiry Date:
Reference Number:	

If the patient is a minor, please provide the following details for the adult who is responsible for the accounts

Name:	Date of Birth:
Medicare Card Number:	Expiry Date:
Reference Number:	

Do you hold one of the following cards? If so, please present the card with your form.

Centrelink Pension Card:	Expiry Date:	
Centrelink Health Care Card:	Expiry Date:	
DVA Number:	Card Colour: Gold / White / Orange	Expiry Date:
Do you have private health cover?: Yes / No		Name of Fund:

Emergency Contact

Name of Next of Kin/Emergency Contact:	
Contact Number:	Relationship to Self:

Optional: I authorise the following person to take messages regarding recalls, reminders or a change of appointment (sign below if required).

Name:	Relationship to self:
Signature to authorise the above: X	

*Please note that should your circumstances change, and it becomes necessary for you to nominate a different person, it is your responsibility to notify the practice immediately.

Patient Communication Consent:

Please let us know, by ticking the relevant boxes, which of the communications you would like to receive, and via which method -

- 1.Appointment Reminders: SMS Best Health App
- 2.Clinical Reminders: SMS Best Health App Phone Letter
- 3.Clinical Communications: SMS: Best Health App Phone
- 4.Health Awareness: SMS Best Health App

How did you hear about this Practice?

Fees

Dulwich Family Practice is a private billing practice, so an out-of-pocket expense will apply to most consults. Fees charged for consultations are the responsibility of the patient with payment required in full on the day of consult. We offer to send accounts online to Medicare at the time of consult. The Rebate (subject to Medicare eligibility criteria) will be deposited direct to your bank account by Medicare within 24-48 hours.

Please discuss any queries concerning financial arrangements with your doctor. For information regarding billing arrangements for associated services from specialists, pathology and imaging providers, and allied health professionals, you are advised to contact the provider directly.

I understand that the fees charged will be above the Medicare schedule and I hereby accept responsibility for payment of all portions of these fees and any costs incurred in the collection of them.

Privacy

We value the relationship between doctor and patient, and acknowledge that patient privacy is integral to this relationship. Our policies concerning the handling of patient information reflect this concern, and are consistent with the requirements of The Privacy Act 1988 and its recent amendments.

If you wish to view the information concerning yourself which is held by this practice, or if you have a question regarding the privacy of information, please speak with your doctor. Our doctors and staff collect information primarily for the purposes of providing appropriate and effective medical care. To facilitate your ongoing care, this information may need to be shared with other health professionals involved in your care.

I confirm I have read Dulwich Family Practice Consent for Practice Communications Document and agree

- to receive communications as indicated above
- to the use of my de identified data
- information relevant to my treatment being shared with other medical service providers involved with my care health

Patient Name:

Patient Signature:

Date:

Parent/Guardian Name (if needed):

Signature:

Please note:

If any of the above information changes, it is your responsibility to notify the practice as soon as possible.

Thank You