

***4a/1297 Nepean Highway, Cheltenham Vic 3192***

*Ph: 03 8555 3855 Fax: 03 8521 3305*

*Email: highwaymedicalc@gmail.com*

Patient Registration Form

This document is to keep your record and information up-to-date and accurate. Please complete the following information:

1. **Personal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Birth : / / | | Gender: ☐ Male ☐ Female ☐Other | | |
| Title: ☐Mr ☐ Mrs ☐Ms ☐Master ☐Miss | | Status: ☐Single ☐Married ☐De facto ☐Widowed | | |
| Surname: | | Given Names: | | |
| Residential Address: | |  | | |
| Postal Address: | |  | | |
| Home Phone: | Mobile Phone: |  | | Work Phone: |
| Email: | |  | Occupation: | |

**2. Medicare Details**

|  |  |  |
| --- | --- | --- |
| Medicare Card Number: | Your Ref No on card: | Expiry Date: / / |

**3. Commonwealth Concessions**

|  |  |  |  |
| --- | --- | --- | --- |
| Pensioner/ Health Care Card | Ref no: |  | Expiry: |
| DVA No: | Colour: |  | Expiry: |

**4. Emergency Contacts**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Phone: |  | Relationship: |

**5. Next of Kin**

|  |  |  |
| --- | --- | --- |
| Name: | Phone: | Relationship: |

**6. Ethnicity**

|  |  |
| --- | --- |
| What is your ethnicity? |  |
| Do you identify as Aboriginal or Torres Strait Islander? ☐ Y / ☐ N | If YES please specify: |
| If you are from a non– English speaking background, will you require an interpreter? ☐ Y / ☐ N | If YES please specify: |

**7. Allergies / Smoking / Alcohol**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Any known allergies? Food, pets, bees etc.? ☐ Y / ☐ N | If YES please specify: |  |  |  |
| Are you or have you ever been a smoker? Please Specify: | ☐ Non-Smoker ☐ Smoker ☐ Ex-Smoker | | | |
| Do you drink alcohol? Please specify: | ☐ Non-drinker ☐ Drinker: Days/week: Drinks/day: | | | |

**8. Medical History**

|  |  |
| --- | --- |
| Past medical history |  |
| Medications |  |

**Information about fees:**

Our General practice consultations are mainly Bulk Billed. We also offer Bulk Billed Skin checks. Some Procedures however, may attract private fees which includes Skin biopsy and skin lesion removal. Please discuss this with your doctor before booking any procedure.

Our doctors are happy to see patients without Medicare cards. For details of fee schedule for private consultations please contact our friendly staff.

**Missed Appointments:**

If you are unable to keep an appointment, please let us know immediately. We require a 4 hour notice for cancelations or a fee may apply.

**Privacy:**

Amendments to the Privacy Act came into effect in December 2001, as a provider of healthcare services it is important that you are aware of how any personal information collected by this practice is used.

We are very meticulous in maintaining the confidentiality of your health and personal records. Therefore we do not divulge your personal information to others without your written consent. We are also not able to give information about other patients or confirm whether they are attending the clinic or whether they have made an appointment with us. If you need to access your personal health information or would like us to transfer your medical records to another clinic or to a third party, we can process your request with a small administrative fee.

I want to opt out of My Health Record : No. Circle if “yes”

I Wish to receive Better consult Health questionnaire from my GP prior to my appointment : Yes . Circle if “no”

**Please read and sign your acknowledgement below:**

I have read and understand all information provided above about fees, appointment and privacy information.

Name:

Signature: Date: