

## Patient Registration

### Personal Details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other:	Address	_____
First Name	_____	Suburb	_____
Surname	_____	Postcode	_____
Preferred Name	_____	Mobile Phone	_____
Date of Birth	_____	Home Phone	_____
Gender	Female / Male / Other	SMS Reminders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nationality	_____	Email Address	_____
Are you	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither	Occupation	_____

### Healthcare Information

Medicare Card #	Reference:	Expiry:
_____	_____	_____
Concession Card #	Card Type: <input type="checkbox"/> HCC <input type="checkbox"/> Pensioner <input type="checkbox"/> Seniors	Expiry:
_____	_____	_____
DVA Card #	Card Type: <input type="checkbox"/> Gold <input type="checkbox"/> White	Expiry:
_____	_____	_____

### Emergency Contact

### Next of Kin

Name	_____	Name	_____
Phone Number	_____	Phone Number	_____
Relationship	_____	Relationship	_____

### Feedback

#### How did you hear about us?

Word of mouth
  Walk/drive by
  Internet
  Other \_\_\_\_\_

### Patient Consent

I understand that Doctors of South Melbourne is committed to protecting the privacy of individuals and their personal information in accordance with the Privacy Act 1988. My signature below indicates that I consent to Doctors of South Melbourne collecting, using, disclosing, storing and disposing of my personal information for the purposes set out in Doctors of South Melbourne's Privacy Policy. This includes, but is not limited to: information to enable me to be attended to by medical practitioners to provide medical services and treatment, the release of relevant personal information to doctors and employees of the clinic and other health professionals to allow quality medical care and administration purposes, and inclusion in a recall register to be advised of follow up visits, medical updates and health information. I understand I may withdraw my consent for Doctors of South Melbourne to use and disclose my personal information (except when legal obligations must be met).

I also understand, and consent to, Doctors of South Melbourne's cancellation policy. Cancellation requires at least 2-3 hours notice if I am unable to attend an appointment. I understand that I may be charged a cancellation fee (full consultation fee) as a result of multiple non-attendances or failing to give enough notice.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_