New Patient Registration Form

DOCTORS of SOUTH MELBOURNE

Personal Details

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mx ☐ Other:

First Name

Last Name

Preferred Name

Date of Birth

Sex ☐ Female ☐ Male ☐ Other:

Gender Identity ☐Female ☐Male ☐non-binary ☐Transgender ☐Gender Diverse ☐Different Identity ☐Other

Pronouns ☐She/Her ☐He/Him ☐They/Them ☐Xe/Xem

Occupation

Address

Suburb

Postcode

Mobile Phone

Home Phone

Nationality

Are you ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither

SMS Reminders *Appointment reminders* ☐ Yes ☐ No *Results & clinical reminders* ☐ Yes ☐ No

Email Address

Healthcare Information

Medicare Card # Reference: Expiry:

Concession Card # Card Type: ☐ HCC ☐ Pensioner ☐ Seniors Expiry:

DVA Card # Card Type: ☐ Gold ☐ White Expiry:

Your Health

Do you have any allergies or are you sensitive to drugs or dressings?

Do you smoke?

Do you drink alcohol?

Next of Kin

Name

Phone number

Relationship

Emergency Contact

Name

Phone number

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. I consent to Doctors of South Melbourne collecting, using, disclosing, sharing, 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: sharing my de-identified data with my local Primary Health Network, 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: If I cancel with less than two hours' notice or don't show up at all, I may be charged a no-show fee. This fee is equal to the full cost of the booked appointment (no Medicare rebates). I may also be required to pay a booking fee to secure a future appointment. This fee is equal to the out-of-pocket costs for the particular appointment time. This fee is non-refundable and non-transferable.

Patient Signature Date