## **BLACKBURN CLINIC**

## PATIENT REGISTRATION DETAILS

Office Use Only	
File number:	
GP today:	

We value your privacy. All information about you is kept in the strictest confidence. We collect information about you for the primary purpose of providing quality health care, and we will use the information you provide in the following ways:

- Disclosure to others involved in your health care, including treating doctors and specialists outside Blackburn Clinic, to enable a holistic approach and cater for ongoing health care;
- Administrative purposes in running our medical practice; and

(or signature of parent/guardian)

- Billing purposes including compliance with Medicare and Heath Insurance Commission requirements.

'											
Title	Mr	Mrs	Ms	Miss		Master	0	ther:			
Surname					Firs	st Name					
Street Address											
Suburb & Post Code											
Gender	☐ Male ☐ Female ☐ Intersex/Other						Date of birth:				
Home phone								Private Hospital Cover ☐ Yes ☐ No			
Work phone							Fund name:				
Mobile phone							Member Number:				
Email address	·										
Medicare number						Ref		Expiry date			
Pension number								Expiry date			
Health Care Card number								Expiry date			
DVA Card number	☐ Gold ☐ White							Expiry date			
Next of Kin	Name:							Contact			
	Relationship to you:							number (s)			
Emergency Contact	Name:							Contact number (s)			
	Teleditorionip to you.										
Country of birth / Cul To assist with health	initiatives	are voi	ı Aboriain	al or To	rres	Strait Islau	nder?				
	orres Strait							Strait Islande	r □N	either	
Reminders - in order to provide quality health care, this clinic has a routine reminder system for some medical conditions and for some appointments.  Please indicate your consent to: - receiving <b>Appointment</b> reminders via SMS											
- receiving <b>Medical</b> reminders via SMS ☐ Yes ☐ No If you do <u>not</u> want to participate in our medical reminder service please notify your doctor.											
Blackburn Clinic is a Private Practice and it is our policy that patients pay in full at completion of each consultation. Consultation fees are outlined in the Practice Information booklet. Fees apply for missed appointments.											
I have read the information above and understand the reasons why my information is being collected. I am also aware that this practice has a privacy policy on handling patient information. I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice of. I understand that my medical care requires that I provide my past medical history, as this is vital in informing the decisions and treatments offered to me and enables this practice to maintain continuity of care. I accept responsibility of all accounts that are charged to me by Blackburn Clinic.											
Patient's Signature Today's date:											