BLACKBURN CLINIC MEDICAL SERVICES (BCMS)
PATIENT DETAILS

We value your privacy. All information about you is kept in the strictest confidence. We collect information about you on behalf of the Independent Medical Practitioner 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 and billing purposes in running the medical practice and including compliance with Medicare and Heath Insurance Commission requirements.

Title: _____ First Name:_____ Surname: _____

Street Address: _____

Suburb: _____ Post Code: _____

Date of birth: _____ Birth sex: ☐ Male ☐ Female

Gender Identity: ☐ Male ☐ Female ☐ Intersex/Other ☐ Transgender

Preferred Pronouns: ☐ He/Him/His ☐ She/Her/Hers ☐ They/Them/Theirs

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: Relationship to you:	Contact number (s)	
Emergency Contact	Name: Relationship to you:	Contact number (s)	

Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Defacto ☐ Widowed ☐ Separated

Country of birth: _____ Ethnicity: _____

Preferred language: _____ Interpreter required: ☐ Yes ☐ No

To assist with health initiatives, are you Aboriginal or Torres Strait Islander?
☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal & Torres Strait Islander
☐ Neither Aboriginal nor Torres Strait Islander

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 **Appointment** reminders via SMS ☐ Yes ☐ No
- receiving **Medical** reminders via SMS ☐ Yes ☐ No
If you do <u>not</u> want to participate in our medical reminder service please notify your doctor.

The Independent Medical Practitioners bill privately, and they require that patients pay in full at completion of each visit. See each practitioners' profile page of the website for consultation fees. 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 BCMS has a privacy policy on handling patient information. I consent to the handling of my information by BCMS for the purposes set out above, subject to any limitations on access or disclosure that I notify this them 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 the practitioners to maintain continuity of care. I accept responsibility for all accounts that are charged to me by BCMS and independent medical practitioners.

Patient's Signature_____ Today's date:_____