Goonawarra Medical Centre

# PATIENT REGISTRATION FORM

**Title:** _____ **First Name:** _____ **Surname:** _____ **Gender:** _____

**Date of Birth:** ☐☐ / ☐☐ / ☐☐ **Medicare Number:** ☐☐☐☐☐☐☐☐☐☐ **Ref #:** ☐ **EXP:** ☐☐ / ☐☐

**Address:** _____ **Suburb:** _____ **Postcode:** _____

**Contact: Mobile:** _____ **Home:** _____ **Email:** _____

| | | |
|---|---|---|
| **Concession Card Type:** | **Health Care card:** ☐<br>**Pensioner:** ☐<br>**VET affairs:** ☐ | **Customer Reference #:** ☐☐☐☐☐☐☐☐☐☐ **EXP:** ☐☐ / ☐☐ / ☐☐ |

**Emergency Contact:** **First Name:** _____ **Surname:** _____

**Relationship:** _____ **Contact Number:** _____

**Are you of Aboriginal or Torres Strait Islander Origin?** ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither

**What is your country of birth:** _____ **Height:** _____ **Weight:** _____

**Do you have any allergies?** ☐ No ☐ Yes, please give details _____

**Please list current medications:** _____

**Relevant Past/current family history:** _____

_____

**Do you smoke?** ☐ No ☐ Yes-How often? _____ Since: _____ **Do you drink alcohol?** ☐ No ☐ Yes- How often? _____

**Do you consent to SMS contact: Yes** ☐ **No** ☐ **How did you find out about us?** ☐ **Signage** ☐ **Word of mouth** ☐ **Internet** ☐

**Other** _____

I agree that the above is a true and accurate record. I understand that Goonawarra Medical Centre requires payment on the day of treatment. Any expenses or costs incurred by Goonawarra Medical Centre in recovering outstanding monies including debt collection fees will be paid by the parties above. I also further acknowledge that failure to attend an appointment without notice may result in a deposit requirement before future appointment will be made and a fee charged for the cancelled appointment.

**Signature:** _____ **Date:** _____

***Patient Privacy Statement***

Goonawarra Medical Centre respects your rights to privacy and considers all information you have provided in this form to be personal information for the purposes of the privacy act 1988. Your medical record is a confidential document. It is the policy of this practice to maintain security of personal health information at all times and ensure this information is only available to authorised members of staff. Goonawarra Medical Centre collects personal information primarily to enable us to provide health care services to you in the most appropriate and efficient way. Goonawarra Medical may share health information with other providers involved in your treatment. Where possible we collect information directly from you and where that is not reasonably practicable, we may collect your personal information from other sources such as health insurers, government agencies, hospitals, doctors and medical specialists. Goonawarra Medical Centre follows a process for collecting and transferring personal information and clinical records, please ask your medical practitioner or the Practice Manager for details of transferring records and if a fee applies with the process. Goonawarra Medical Centre complies with the health privacy principles and National privacy principles as set out in the Health records act Victoria 2001 and the privacy act 1988. This practice acknowledges that customer feedback is an important source of customer service, please contact us via feedback@gmcgp.com or complete a feedback form from reception. Under the Health Services act 1987, customers with complaints should try to resolve them directly with the health provider. If a satisfactory outcome is not achieved then a complaint can be directed to the health services commissioner by writing to: ***Health Services Commissioner, Level 26, 579 Bourke Street, Melbourne, 3000, Victoria, Australia Phone: 1300 582 113***