HANOVER STREET MEDICAL CENTRE

New Patient Registration

PATIENT DETAILS:

Title/Pronoun	First name	Surname	Date Of Birth	Male ☐ Female ☐ Other ☐

ADDRESS:

No/Street

Suburb | State | Postcode

TELEPHONE:

Home/Mobile:

Work:

MEDICARE NO: **REF NO:** Expiry: /

CONCESSION CARD NO: Expiry: /

CULTURAL BACKGROUND :	Do you require and interpreter	Do you identify as an..
e.g. Australian, Italian, Indian	YES ☐ NO ☐ Language	☐ Aboriginal ☐ Neither ☐ Torres Strait islander ☐ Aboriginal and Torres Strait Islander

ALLERGIES:

Are you allergic to any medication, dressings or foods? Are you anaphylactic? If so, please give details.

PERSONAL STATUS: ☐ Single ☐ Married ☐ De Facto ☐ Div/Sep ☐ Widowed

OCCUPATION:

NEXT OF KIN:

Name:	Relationship	Telephone/contact No:

EMERGENCY CONTACT:

Name:	Relationship	Telephone/contact No:

RECALLS:

Do you consent to receiving recalls and reminders via SMS or email? ☐ YES ☐ NO

CONSENT:

I hereby consent to abide by the following terms and conditions of the Hanover Street Medical Centre:

FEES & CHARGES: I agree to pay all fees and charges that may not be covered under Medical Benefit Scheme or under mandatory Work Cover insurance maintained by my employer. In the event of late payment, the practice reserves the right to charge a reasonable account management fee that may apply.

PRIVACY PROTECTION: The Hanover Street Medical Centre respects your rights under the "Privacy Act 1988" and upholds your rights to privacy protection under Australian Privacy Principles contained in the "Privacy Amendment (Private Sector) Act 2000.

PREVENTATIVE HEALTH: Our practice provides our patients with preventative care and early care detection reminders e.g. immunisations, annual health checks, investigation recalls, skin checks and pap smears. If you do not wish to have reminder letters sent to you, please inform reception.

***e*-HEALTH:** The Hanover Street Medical Centre participates, collects and complies with all the National E-Health Transition Authority (NEHTA) initiatives for electronically connecting up the points of care so that your health information can be shared securely. We do so to help NEHTA in facilitating the transition to a connected system where every Australian is at the center of their healthcare.

Patient / Guardian ..... Date.....

Please print name: