

STATION STREET CLINIC

34 Station Street, Pakenham 3810
Phone: 59411611 Fax: 59402290

DATE: / / .

FILE NO: _____

PATIENT DETAILS:

Mr, Mrs , Ms, Miss (Please circle) Other: _____		
Surname: _____	Given name: _____	Middle name: _____
Date of birth: / / .	Ref No: ____	Exp Date: ____/____.
Medicare No: _____	Ref No: ____	Exp Date: ____/____.

*****If patient is under 18 years of age please complete this section*****

Parent surname: _____ Given name: _____ Date of birth: / /
Home Phone: _____ Mobile Phone: _____

Are you on any of the following concession cards:		
*Pension Card No: _____	Exp: ____/____/____	or
*Healthcare Card No: _____	Exp: ____/____/____	or
*Commonwealth Seniors Health Card No: _____	Exp: ____/____/____	or
*Vet Affairs: (please circle) Gold/White _____	Exp: ____/____/____	

Residential Address: _____ Post Code: _____
Postal Address: _____ Post Code: _____
Home Ph: _____ Mobile Ph: _____ Work Ph: _____
Email Email address: _____ @ _____ (to receive clinic news and events)

Occupation: _____

Are you an Aboriginal or Torres Strait Islander (please circle) : Yes / No

Country of birth: _____

Emergency Contact: (the person you would prefer us to contact)	Surname: _____	Given Name: _____
	Home Ph: _____	Mbl: _____
	Address: _____	Relationship to you: _____
Legal Next of Kin: (if same as above write 'as above')	Surname: _____	Given name: _____
	Address: _____	Relationship to you: _____
	Relationship to you: _____	Phone Numbers: _____

We require consent to collect personal information about you. Please turn over and read information carefully, and sign below.

_____/_____/_____. SIGNATURE

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I CONSENT TO THE FOLLOWING INFORMATION: -

This medical practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history, so that we may properly assess, diagnose, treat and be proactive in your health care needs. This means we will use the information you provide in the following ways:-

- Administrative purposes in running our medical practice
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements. Unpaid accounts may be referred to a debt collector.
- Disclosure to others involved in your health care, including treating doctors, or for medical tests and in the reports or results returned to us following the referrals.
- Disclosure to other doctors in the practice, locums and by Registrars attached to the practice for the purpose of patient care and teaching
- For preventative health purposes reminder letters can be sent to your postal address. Please let reception know if you prefer not to receive these letters.
- The practice may occasionally contact you by SMS if we are unable to reach you by other means for appointment reminders or other information. Please let reception know if you prefer not to be contacted by mobile phone.
- Disclosure for research and quality assurance activities to improve individual and community healthcare and practice management. You will be informed when such activities are being conducted and given the opportunity to 'opt out' of any involvement.

I have read the information above and understand the reasons why my information must be collected, I am also aware that this practice has a privacy policy on handling patient information.

I understand that I am not obliged to provide any information requested of me, but my failure to do so might compromise the quality of the health care and treatment given to me.

I am aware of my right to access the information collected about me, except in some circumstances where access might be legitimately withheld. I understand I will be given an explanation in these circumstances.

I understand that if my information is to be used for any other purpose other than set out above, my further consent will be obtained. 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.