Bluff Road
Medical Centre
Family Health

326--328 Bluff Road Sandringham 3191
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www.bluffroadmedical.com.au

NEW PATIENT REGISTRATION
*Please complete and **GIVE TO RECEPTION***
Or email to practice@bluffroadmedical.com.au

Section A: Personal Contact Details (*Name as it appears on your Medicare Card*)

Title: ☐ Mr ☐ Ms **Other** ☐ _____ **Country of Birth:** _____

Family / Last Name:_____ **Occupation:**_____

Given / First Name: _____ **Preferred Name:**_____

Date of Birth: Day _____ Month _____ Year _____ **Age:** _____ **Gender:** ☐ Male ☐ Female ☐ Other

Interpreter (*Language if required*): _____ **How did you find out about us**_____

Home address: _____ __ **Postcode:**_____

Postal Address:_____**Postcode:**_____

Home phone no.:_____ **Mobile no.:**_____

Work phone no:. _____ **Email:**_____

Practice Status: *Visitor / Plan to be Regular patient.* **Do you consent to SMS / Email Communication?** Y / N

Cultural Heritage: Australian / English / Chinese / Indian / Aboriginal /Torres Strait Islander /Other:_____

Any Allergies and or Allergic Reactions to Medication? Yes/No_____

Section B: Government Identifiers

Medicare Card no.: ☐☐☐☐ ☐☐☐☐☐ ☐ **Patient no. on card:** ☐ **Expiry date:** _____/_____

Centrelink HCC / Pension Number.: _____**Expiry date:** _____/_____

DVA Number _____ **Expiry date:** _____/_____

Section C: Emergency Contact / Account Payer

First Name: _____**Last Name:**_____

Relationship to Patient:_____**Gender:** ☐ Male ☐ Female

Home phone no.:_____ **Mobile no.:**_____

Account Payer: **Self / Other Name:**_____**Medicare card no.:**_____

Address:_____**DOB:** _____

Home phone no.:_____

Please advise reception if aged under 18 years.

Section D: Important Information / Privacy Policy

Transfer of Health Information: If you have consulted with another GP at another practice, the Health Information held by that GP may assist us with your future healthcare needs. If you wish to have a copy/summary of your health records transferred to this clinic, please ask reception for information
Reminders & Recalls: Our medical clinic automatically provides our patients with preventive care and early detection reminders and recalls via SMS, email or by mail. If you do ***NOT*** wish to receive such reminders, please advise our reception staff.
Privacy Policy: We are committed to maintaining the confidentiality of your personal information in keeping with the Privacy Act, 2001. It is clinic policy to maintain the security of personal health information at all times and to ensure that this information is only available to authorised practitioners. Your personal health information may be disclosed to our affiliated medical clinics (to enable us to treat you at those locations), other organisations where required by law or if necessary contact details may be disclosed for debt recovery purposes. Our privacy policy is available on our website. Infection control and instrumental sterilisation processes are adhered to at this clinic.
Payment details: PLEASE NOTE WE ARE *NOT* A BULK BILLING CLINIC and OUT OF POCKET FEES APPLY.

- Payment in full is requested at the time of consultation. Cash, EFTPOS, Visa and MasterCard are all accepted.
- **An accounting fee will be charged if your account is not paid in full on the day of the consultation.**
- The patient will accept full Liability for all Workcover and TAC claims.
- Accounts referred to a debt collection Agency or solicitor will incur a debt collection fee.

By signing this form, you accept the terms and conditions above (to be signed by the person liable for the accounts)

Signed: _____ **Date: Day** _____**Month** _____**Year** Patient