



OFFICE USE ONLY	
File #	_____
Date	_____

Patient Registration Form - We look forward to meeting you

Title	Surname	Given Name/s		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Known as	Gender	Date of Birth		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address	Suburb	Postcode		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Postal Address (if different to above)	Suburb	Postcode		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Home Phone	Mobile Phone	Work Phone		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email Address				
<input type="text"/>				
Medicare Number	Ref Number	Expiry Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
DVA Card Number	Expiry Date	White Card/Gold Card or other		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Healthcare/Pension Card Number	Expiry Date			
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Do you identify as Aboriginal	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
Do you identify as Torres Strait Islander	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	

Inverloch Healthcare automatically provides our patients with reminders for preventative care, early detection and recalls, as well as other general and appointment information. We communicate this information via text, email, telephone or mail. We may leave telephone voice messages.

Do you consent to these forms of communication? YES NO *If no, please provide details to our receptionist team*

Next of Kin - Name	Home phone	Mobile phone	Relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Emergency Contact - Name	Home phone	Mobile phone	Relationship to you
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require the assistance of a language interpreting service? *If yes, what language do you require*

Do you require the assistance of an Auslan NABS interpreting service? YES NO

Please turn over and read carefully before signing

Important Information/Patient Consent

Please read carefully before signing

Inverloch Healthcare collects information from you in order to provide quality health care. We require you to provide us with your personal details and medical history so that we may properly assess, diagnose and treat illnesses and medical conditions, ensuring we are proactive in your health care.

We are committed to maintaining the privacy of your personal information in keeping with the Privacy Act 1988 (Cth), the Privacy Amendment (Enhancing Privacy Protection) Act 2012.

Your personal information will only be used for the purposes for which it was collected or as otherwise permitted by law, and we respect your right to determine how your information is used or disclosed.

The information we collect may be collected by a number of different methods and examples may include: medical test results, notes from consultations, Medicare details, data collected through conversations with you, details obtained from other health care providers (e.g. specialist correspondence), your guardian, next of kin or emergency contact. We may also collect personal information when you send us an email, SMS, telephone us, make an online appointment or communicate with us using social media.

By signing below, you (as a patient/parent/guardian) are consenting to the collection of your personal information, and that it may be used or disclosed by the practice for the following purposes:

- Administrative purposes in the operation of our general practice
- Billing purposes, including compliance with Medicare requirements including debt collection
- Follow-up reminder/recall notices for treatment and preventative healthcare, often issued by text message
- Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.
- Accreditation and quality assurance activities
- For legal related disclosure as required by a court of law
- For the purposes of research only where de-identified information is used, e.g. PHN (Primary Health Network)
- To allow registrars and staff to participate in medical training/teaching using only de-identified information
- To comply with any legislative or regulatory requirements, e.g. notifiable diseases/Australian Immunisation Registry/ My Health Record

Inverloch Healthcare will ensure your details are treated with the utmost confidentiality. Your records are very important and we will take all steps necessary to ensure they remain confidential.

Transfer of Health Information

Please ask at reception if you wish to have a summary of your health records transferred to our clinic from another provider. Please be aware that the clinic providing the health records may charge you a fee for the transfer of records.

Inverloch Healthcare may charge a fee for the transfer of your Health Information to another clinic.

Accounts

I understand that Inverloch Healthcare is a Private Billing Clinic and fees may be charged for all consultation types, including telehealth consultations- please refer to our fee details on display in reception or via our website.

Payment in full is requested at the time of consultation or a handling fee may be charged- cash, Visa and MasterCard are accepted. We may contact you to settle outstanding accounts by telephone, email, text message or mail. Accounts referred to a debt collection agency or solicitor will incur a debt collection fee. A \$30 non-attendance fee may be charged for non-attendance or late cancellation. Please be advised that all casual patients appointments are privately billed with a \$50 gap fee.

I have read, understood and agree to the above Inverloch Healthcare Pty Ltd Important Information.

Signature: _____ Date: _____

Name (please print) _____ If not patient, your relationship to patient _____