



Registration Form

Title: Mr. / Mrs. / Ms. / Master. / Miss.

Date of Birth:

Patients Name:

Patient Surname:

Address:

Post Code:

Phone Home

Mobile:

Phone No (Business)

Medicare No:

Ref No: (on the card)

Expiry Date:

Pension/Seniors/Health Care Card No (Please Circle) No:

Expiry Date:

DVA Number:

Expiry date:

Do you have any allergies? Or are you allergic to any medications? YES / NO . If yes please give details

Can two Emergency contact details be filled for children under the age of 18? One contact for over the age of 18.

1. Emergency Contact Name:Relationship:

Emergency Phone No:

2. Emergency Contact Name No2:Relationship:

Emergency Phone No2:

Please ensure that this contact Numbers is different from the number provided above and is specific for your Emergency Contact - mobile number if possible

1. Are you of Aboriginal Yes/ No and /or Torres Strait Islander Yes/No origin?

2. Do you wish to identify with another cultural origin? Yes

If you are a new patient:

Are you a visitor? YES / NO

Moved to the Area? YES / NO

Changed from another practice? YES /NO

Who is your regular GP or name of Clinic?

Our Practice provides our patients with preventative care and early case detection reminders. eg: Immunisations, Blood Test, Pap smear, Skin Checks. This may require our staff to access your medical files to obtain relevant information. Please advise the Doctor if you do not wish to participate in recall and reminder systems.

Sign Acknowledgement

Worker Comp/TAC: remain subject to the usual term & conditions for the payment of our accounts. You will be responsible to meet your cost & to claim reimbursement in accordance with your entitlement unless alternative arrangements have been made & communicated to us by the insurer in respect to management of your claim. If the patient is not registered with Medicare then it's the patient's (or payer's) responsibility to pay the account on completion of appointment.

I agree to the Barrabool Hills Family Medical and dental Practice terms and conditions of payment YES

I understand the Practice has a non-refundable "Failure to Attend Fee" of \$50 that I may receive if 3 or more appointments are not attended.

Signed Date