

# Albany Clinic

"Experience and Consistency when your Health Matters"

## New Patient Registration Form

Title: ..... Surname: ..... Given Names: .....

Known As: ..... D.O.B: ...../...../..... Gender: .....

Marital Status: Single  Married  Defacto  Separated  Divorced  Widowed

Email: .....

Medicare card number: ..... Reference No: ..... Expiry date: ...../.....

Pension, Health Care Card or Veterans Affairs White or Gold number (if applicable)

..... Expiry Date: .....

Occupation: .....

Address: ..... Post Code: .....

Phone: Home ..... Work ..... Mobile:.....

Next of Kin: ..... Relationship to you: .....

Ph: .....

Emergency Contact: ..... Relationship to you: .....

Ph: .....

### Cultural Background

Knowing your cultural background can help us provide healthcare that meets your individual needs.

**Are you of Aboriginal or Torres Strait Islander origin?**

No  Yes, Aboriginal  Yes, Torres Strait Islander  Yes, both Aboriginal and Torres Strait Islander

Other cultural background (eg Mediterranean, Asian, African)

Country of birth: .....

Is English your first language: Yes  No

If not do you require an interpreter? Yes  No

If yes please specify language: .....



**Consent**

Our practice uses a reminder system to help maintain your health. The practice sends reminders by post, email, telephone or sms. These reminders are for procedures such as injections, Cervical Screening, Health Reviews, Appointment Reminders, Recalls following tests or correspondence received from external providers.

**I consent to being contacted with reminders to help me maintain my health: Yes  No**

**My preferred method of contact is: SMS (Text)  E-Mail  Phone Call:**

**If no, I acknowledge that my treating health professional may on occasions require that I be contacted for follow up as this may be medically indicated. This will not be for general recalls or reminders.**



***Privacy Patient Information***

*To provide a high standard of medical care we need to collect personal information from our patients. Your information is treated with the strictest of confidence and will only be disclosed to a third party (eg: health professional, insurance company etc) with your written consent. This information may also be collected from family members and other health care provider's with the patient's consent, unless we are legally obliged to do so. Albany Clinic ensures all information held is protected from loss, misuse or unauthorised access and all our staff are subject to strict obligations of confidentiality. We comply with the Privacy Act 1988 and the Australian Privacy Principles effective under the Privacy Amendment Act 2001.*

*Cancellation Appointment under 24 hrs may incur \$30.00 fee. No Show Appointment Fee: \$30.00  
Use of treatment room will incur a facility fee, consumable fee or a nurse fee*

***I have read the Privacy Statements, and consent:***

Signature : \_\_\_\_\_

Date: \_\_\_\_\_