

**Patient Registration Form** *It is important that you complete ALL sections of this registration form.*

<b>Title:</b>		<b>Given Names:</b>		<b>Surname:</b>	
<b>Preferred Name:</b>		<b>Maiden Name:</b>		<b>Date of Birth:</b>	/ /
<b>Address:</b>				<b>Postcode:</b>	
<b>Home:</b>		<b>Mobile:</b>		<b>Work:</b>	
<b>Email:</b>					
<b>Medicare No:</b>		<b>Reference No:</b>		<b>Expiry Date:</b>	/ /
<b>Health Fund:</b>		<b>Membership No:</b>			
<b>Next of Kin:</b>		<b>Relationship:</b>		<b>Mobile:</b>	

**Medical History**

<b>Current Medical Issues:</b>			
<b>Medical History (please include surgical procedures):</b>			
<b>Allergies:</b>	Y / N	<b>If yes, please list:</b>	
<b>Current Medications:</b>			

**Partner Information** *(necessary where consultation relates to fertility and you are in a relationship)*

<b>Title:</b>		<b>Given Names:</b>		<b>Surname:</b>	
<b>Preferred Name:</b>		<b>Relationship:</b>		<b>Date of Birth:</b>	/ /
<b>Address:</b>				<b>Postcode:</b>	
<b>Home:</b>		<b>Mobile:</b>		<b>Work:</b>	

**FINANCIAL CONSENT:**

Please note that this is a private billing clinic and the consultation fee would have been advised to you when you made your appointment. Payment is required on the day of the consultation. If you have any queries about the fee please discuss with reception prior to your appointment.

**CANCELLATION**

A cancellation fee may apply if less than 24 hours' notice is given. A reminder of your appointment will be sent to you prior to your appointment via SMS unless you request us in writing not to do so.

**PRIVACY STATEMENT:**

This medical practice collects information from you for the primary purpose of providing quality healthcare. We ask 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 healthcare needs. We may use the information you provide for administrative purposes in running our medical practice, including billing and compliance with Medicare and Health Insurance Commission requirements. Information may be sent to other practitioners involved in your care. Confidentiality will always be maintained if any information related to your care is used in research, quality assurance or educational purposes. A copy of our privacy policy is available on request.

I consent to the above.

**Signed:** \_\_\_\_\_ **Date:** / /

**Please note: Melbourne IVF (MIVF) is a separate entity from this practice and any costs related to IVF or IUI will be discussed with MIVF prior to treatment. Where tests are ordered from external entities (such as pathology and radiology) costs will be incurred which may or may not be covered by Medicare or private health insurance. You should make your own enquiries as to costs with these entities prior to undergoing the test (or procedure where material may be sent for testing) particularly where you are not covered by Medicare.**