

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

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

Medical History

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

Partner Information

Title:		Given Names:		Surname:	
Preferred Name:		Relationship:		Date of Birth:	/ /
Address:	As above			Postcode:	
Home:		Mobile:		Work:	

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 only if you consent to receiving SMS below.

Are you happy for us to contact you via SMS to confirm appointments? Y / N

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.

I consent to the above.

Signed: _____ **Date:** / /

Please note: Melbourne IVF (MIVF) is a separate entity from these rooms and any costs related to IVF or IUI treatment will need to be discussed with MIVF prior to commencing treatment.