

**Patient Registration Form**

It is important that you complete ALL sections of this registration form. You do not need to fill this in if you have already registered your details on-line via your [Patient Portal](#). A registration link would have been sent to your email address at booking.

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

**Partner Information**

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

**FINANCIAL CONSENT:**

Please note that this is a private billing clinic and the consultation fee has 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.

Please note any credit card information you enter into your Patient Portal will be stored securely by [STRIPE](#) online payment system for your convenience. We will use STRIPE to process your invoice after your appointment.

**CLINIC CORRESPONDENCE:** We may contact you via the email you've provided, including for appointment details and reminders, results or medical information. Please let us know in writing if you prefer not to receive emails.

**PRIVACY STATEMENT:** We collect your personal and medical information to provide quality care. This includes diagnosis, treatment, and care coordination. Your details may also be used for administration, billing, and Medicare/insurance purposes, and may be shared with other healthcare providers involved in your care. Confidentiality is maintained if used for research, education, or quality assurance. By attending, you consent to this. Our privacy policy is available on request.

**MEDICARE CLAIMS AND ASSIGNMENT:** If eligible, we will submit Medicare claims for you. By signing below, you consent to the assignment of your Medicare benefit directly to Dr Alice Huang when fees are charged directly to Medicare.

**IN CLINIC ULTRASOUND SCANS IN FERTILITY TREATMENTS:** Ultrasound scans are used to monitor fertility treatment progress. These are performed internally (vaginal ultrasound).

**By attending this clinic, you have agreed to the above.**

I consent to the above.

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

**Please note:** Any costs related to IVF or IUI treatment is separate from this practice. 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.