



Patient Registration and Consent Form

Title: _____ First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____ Sex: Male /Female

Address: _____ Suburb: _____

Numbers: Home: _____ Work: _____ Mobile: _____

Email: _____

Ethnicity: Aboriginal YES/ NO Torres Strait Islander YES/ NO

Medicare Number: Ref: Valid to: /

Veterans Affairs Number: _____ Expiry: _____

Concession Card Number: _____ Expiry: _____ Type: _____

Occupation: _____ Country of Birth: _____

Next of Kin

First Name: _____ Last Name: _____ Relationship: _____

Address: _____ Suburb: _____

Numbers: Home: _____ Mobile: _____

Emergency Contact

First Name: _____ Last Name: _____ Relationship: _____

Address: _____ Suburb: _____

Numbers: Home: _____ Mobile: _____

I _____ (print name) understand that Warilla Medical Centre will contact me by phone or mail to advise any confirmation &/or follow up of tests, appointments or procedures as set out in the Recalls and Reminders Policy. I am aware that my name can be removed from this at any time by written request.

I consent to any personal health information collected from me will be used to deliver primary medical care. I understand that my information may be shared with other health providers including but not limited to Specialists, State/Public Health Departments, Cancer Reminder Services and Medical Students/Trainees when required.

I authorise Warilla Medical Centre to up load my file to My Health Record (Having a My Health Record means your important health information like allergies, medical conditions, medications, tests or scan reports can be digitally available in one place. Health providers like doctors, specialists and hospital staff may be able to see it online from anywhere at any time when needed. This will result in better, faster and more efficient care for you and your family.)

I authorise Warilla Medical Centre to electronically process my consultation fee via Medicare Online.

Signed: _____ Date: _____

How'd you find out about us? Sign (out the front) Online Word of Mouth Other: _____