

Eastbound Medical Clinic

Specialist Family Physicians

TITLE MR/MRS/MISS/MS/DR		GENDER MALE/FEMALE	
FIRST NAME		MIDDLE NAME	
KNOWN AS	SURNAME	D.O.B	/ /

MEDICARE CARD NUMBER

									REF NO		EXP	/
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DEPT. VET AFFAIRS NUMBER	
PENSION/HEALTH CARE CARD	EXPIRES / /
PRIVATE HEALTH INSURANCE AMBULANCE MEMBER Y / N	<input type="radio"/> Basic <input type="radio"/> Intermediate <input type="radio"/> Top

ADDRESS	
POSTCODE	
POSTAL ADDRESS (tick if same as above <input type="checkbox"/>)	
POSTCODE	

CONTACT NUMBERS (ALLOW SMS REMINDERS Y / N - ALLOW PRACTICE EMAILS Y / N)

MOBILE	HOME	WORK
EMAIL		
MARITAL STATUS	OCCUPATION	

ABORIGINAL / TORRES STRAIT ISLANDER / BOTH / NON INDIGENOUS	ETHNICITY
COUNTRY OF BIRTH	Yr of Arrival in Aus
SPOKEN LANGUAGE	PREFERRED LANGUAGE

Translator required Y / N

NOK/EMERGENCY DETAILS

FIRST NAME	SURNAME
RELATIONSHIP	D.O.B / /
CONTACT NUMBER	PERMISSION TO CONTACT Y / N

Please continue on next page . . .

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Workcover account terms: Accounts for Workcover patients will be the responsibility of the patient. Payment will be required at the time of consultation. It is the responsibility of patients to organise reimbursement of these accounts from their employer.

Private account terms: Full payment is required at the time of consultation. Credit terms are only available through prior arrangement

Failure to attend policy: a late cancellation fee will apply for failing to attend appointments. Please notify us well in advance if you need to cancel your appointment.

Privacy and consent form

Our policy advises you:

That we need your consent to collect information about you
 That you can request access to the information we hold about you
 That you may discuss any concerns that you have about how we handle your information with your doctor or management
 How you can obtain information about any possible breaches of privacy
 Ask your doctor or see our reception staff if you would like more information about our privacy policy or how to access information from your health record

**Privacy Act 1988 (Cth) My Health Record Act 2012 (Cth) and Victorian Health Records Act 2001*

I consent to the retrieval and distribution of medical information, including reports and results from medical tests, from and to others involved in my health care, including treating doctors, specialists, hospitals and other health care facilities outside this medical practice. I consent to de-identified data to be used for NHMRC government approved quality improvement and research activities.

SIGNATURE:	NAME (PRINT)	DATE / /
IF UNDER 18 YEARS OF AGE or REQUIRING CONSENT PARENT/GUARDIAN SIGNATURE:		
NAME (PRINT)	DATE	

How did you find out about us? (Please Tick)

- | | | |
|---|---|--|
| <input type="radio"/> Magnetic Postcard | <input type="radio"/> Friend/relative | <input type="radio"/> Flu vaccine sign/ banner |
| <input type="radio"/> Facebook | <input type="radio"/> Convenience of location | <input type="radio"/> Skin cancer sign/banner |
| <input type="radio"/> Web page | <input type="radio"/> Leader Advertisement | <input type="radio"/> |
| <input type="radio"/> Google Maps | <input type="radio"/> School newsletter | <input type="radio"/> Other (please state) |

Thank you for attending Eastbound Medical Clinic!

Online bookings available for registered patients: www.eastboundclinic.com.au



www.facebook.com/eastboundclinic