

LOURDES MEDICAL CENTRE

PATIENT REGISTRATION & CONSENT FORM

Mr/Mrs/Ms/Mstr/Miss

First Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_ Male  Female

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

I CONSENT TO RECEIVING RECALLS & SMS REMINDERS REGARDING MY PERSONAL HEALTHCARE & MEDICAL TREATMENT:

YES / NO

Next of Kin Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Medicare No. 

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 Ref. 

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 Valid To 

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Health Care Card? Number \_\_\_\_\_ Expiry \_\_\_\_\_

Pension Card? Number \_\_\_\_\_ Expiry \_\_\_\_\_

Department of Veterans Affairs File? Number \_\_\_\_\_ Gold  White

Aboriginal or Torres Strait Islander? Yes  No  Ethnicity (country of origin) \_\_\_\_\_

ANY ALLERGIES? YES / NO DETAILS: \_\_\_\_\_

DO YOU SMOKE? YES / NO HOW MANY PER DAY? \_\_\_\_\_

IS THIS A WORKERS' COMPENSATION OR THIRD PARTY CLAIM? YES / NO

In line with the provisions of the Commonwealth Privacy Act (1988) and the National Privacy Principles, you are asked to give your consent to Lourdes Medical Centre for the collection and storage of your personal and health information. The information you provide will form part of your paper medical record and be stored in our computer system.

- 1. I consent to Lourdes Medical Centre recording and storing the information I have provided on this form. I understand that this information will form part of a paper record and also a computerised database. Yes  No
- 2. I give my consent to Lourdes Medical Centre using the information I have provided to issue letters to me reminding me when my routine health checks are due. I understand that my doctor will discuss the health checks I need, if any, as part of our consultation. Yes  No
- 3. In the event that I need to be referred for further tests and/or investigations or to a specialist, I give my consent to my doctor disclosing essential personal and health information for that purpose. Yes  No

	Signature	Date
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