

Patient Information Form & Privacy Statement

We are committed to providing our patients with the best care. To do this it is essential that your health record is kept up to date and accurate.



MANLY VILLAGE MEDICAL

PATIENT DETAILS:

<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mast	Surname		First Name	
	Date of Birth		Preferred Name	
	Ethnicity	<input type="checkbox"/> Australian <input type="checkbox"/> Other _____	Do you identify as: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	

Street Address					
Suburb		State		Postcode	
Postal Address					
Home Phone		Work Phone			
Mobile Phone		Email			
Do you consent to SMS Appointment Reminders? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you consent to SMS Recall & Other Test Reminders (No health info. Included in SMS) <input type="checkbox"/> YES <input type="checkbox"/> NO			

PARENT OR GUARDIAN DETAILS:

<input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mast	Surname		First Name	
	Date of Birth		Preferred Name	
	Relationship		Phone	

OTHER DETAILS:

Medicare #		Position on Card:		Expiry:	
Parent Medicare #		Position on Card:		Expiry:	
<input type="checkbox"/> DVA Gold Card or <input type="checkbox"/> DVA White Card		#:		Expiry:	
Pension Number or Health Care Card		#:		Expiry:	
Next of Kin:	Phone:	Relationship to you:			
	Mobile:				
Emergency Contact: (or <input type="checkbox"/> as above)	Phone:	Relationship to you:			
	Mobile:				
Have you previously registered of My Health Record:				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Would you be interested in setting up an Electronic My Health Record? Talk to your GP and this can be done at your next consultation,				<input type="checkbox"/> YES <input type="checkbox"/> NO	

PRIVACY STATEMENT

Your Medical Record is a Confidential **Document**. It is the policy of this Practice to maintain security of personal health information at all times and to ensure that this information is only available to authorised members of staff. This information is collected in **accordance** with the National Privacy Principles and is used to manage your health care. If you wish to view a copy of our Privacy Policy, please ask one of our Reception staff.

I, _____, understand and consent to the above Privacy Statement

HOW DID YOU FIND ABOUT US? Word of Mouth Google Online Booking Street Signage

Yellow Pages Facebook Letterbox mailout/Flyer Other (Please specify) _____