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

PERSONAL DETAILS:

TITLE	☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mast ☐ Other		
FIRST NAME		**MIDDLE NAME**	
SURNAME		**PREFERRED NAME**	
Date of Birth		**Sex:** ☐ Male ☐ Female ☐	
Do you identify as Aboriginal and/or Torres Strait Islander? ☐ Aboriginal ☐ Torres Strait Islander			
Ethnicity? ☐ Australian ☐ Other (please specify):			

Medicare No.		**Position on card**		**Expiry**	
D.V.A No.		☐ Gold ☐ White		**Expiry**	
Pension Card No.				**Expiry**	
Residential Address					
Suburb		**State**		**Postcode**	
Postal Address		**State**		**Postcode**	
Phone Numbers	**Home:**	**Mobile:**		**Work:**	
Do you consent to SMS reminders? ☐ Yes ☐ No		**Do you consent to SMS Recall & Test Reminders?** (No health info. Included in SMS) ☐ Yes ☐ No			
Email Address					
Occupation					
Next of Kin (NOK)					
Next of Kin Phone:		**Relationship (NOK):**			
Emergency Contact Name				☐ Same as NOK	
Emergency Contact Phone Number				☐ Same as NOK	

Have you previously registered for an Electronic My Health Record?	☐ Yes ☐ No
Would you be interested in setting up an Electronic My Health Record? *Please talk to your GP and this can be done at your next consultation.*	☐ Yes ☐ No

PARENT OR GUARDIAN DETAILS (Please complete this section if child is under 17 years of age)

TITLE		**FIRST NAME**		**MIDDLE NAME**			
SURNAME:				**PREFERRED NAME**			
Date of Birth				**Relationship**			
Your Medicare				**Position on card**		**Expiry**	

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.

Signed: ____ Date: ____________________________________

HOW DID YOU FIND ABOUT US?

☐ Word of Mouth ☐ Google ☐ Online Booking ☐ Street Signage ☐ Patient at previous practice (Bay Tce)
☐ Yellow Pages ☐ Facebook ☐ Letterbox Mailout/Flyer ☐ Other (Please specify) ____________________________

Visit our website: www.manlyvillagemedical.com.au or 'Like' us on FaceBook.