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 ☐ Other	
Ethnicity? ☐ Australian ☐ Other (please specify):			
Do you identify as Aboriginal and/or Torres Strait Islander? ☐ Aboriginal ☐ Torres Strait Islander			

Medicare No.		**Position on card**		**Expiry**	
D.V.A No.		☐ Gold ☐ White		**Expiry**	
Pension/Health Care 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	*Would you like to subscribe to our monthly newsletter?* ☐ Yes ☐ No				
Occupation					
Next of Kin (NOK)					
Next of Kin Phone:	**Relationship (NOK):**				
Emergency Contact Name	☐ Same as NOK				
Emergency Contact Phone Number	**Relationship (EC):**				

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. By signing this form, if your consultation is Bulk Billed you agree to assign your right to benefits to the Practitioner who rendered the services. 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? (please tick)

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

Visit our website: www.manlyvillagemedical.com.au & "Like" us on FaceBook for Healthy Updates