

New Patient Form

Title: Mr/Miss/Mrs/Ms/Dr/Other:

First Name:	Known As:
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Surname:

Date of Birth:	Sex: M/F
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Marital Status:	Country of Birth:
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Occupation:

Residential Address:
Postcode:

Postal Address (if different from above):
Postcode:

Phone Number: (H):	(W):
(Mob):	(Fax):

Email Address:

Medicare Card No:	Ref No:	Expiry Date:
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Pension/Health Care Card No:	Expiry Date:
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Next Of Kin:
Address:
Postcode:
Phone Number: H/W/Mob
Relationship to you:

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FEES

Please be aware that our standard consultation fee is \$70 payable on the day with a Medicare rebate of \$37.05. We accept Cash, Eftpos and Credit Cards (MasterCard & Visa).

If you would like your Medicare rebate directly deposited into your account and your bank details are not already registered with Medicare please enter them below.

BSB:	
Account No:	
Account Name:	

PRIVACY AND CONSENT

Consent to access and use your personal information

When you register as a patient of our practice, you provide consent for our GPs and practice staff to access and use your personal information so they can provide you with the best possible healthcare. Only staff who need to see your personal information will have access to it. If we need to use your information for anything else, we will seek additional consent from you to do this.

Why do we collect, use, hold and share your personal information?

Our practice will need to collect your personal information to provide healthcare services to you. Our main purpose for collecting, using, holding and sharing your personal information is to manage your health.

What personal information do we collect?

The information we will collect about you includes:

- names, date of birth, addresses, contact details
- medical information including medical history, medications, allergies, adverse events, immunisations, social history, family history and risk factors
- Medicare number (where available) for identification and claiming purposes
- healthcare identifiers

I, _____ consent to information collected by Dr John Vissaritis and staff as outlined in the statement above.

Signature: _____

Date: _____/_____/_____