

Tailored Medical Group

NEW PATIENT DETAILS FORM

Thank you for registering your details with Tailored Medical. You may have given some details already, please take a moment to fill in the rest of your details for your file. Please advise reception if you have been to the clinic before, or already registered under a different name. If you have any questions regarding this form, please don't hesitate to ask reception.

PERSONAL DETAILS: (your name must reflect your Medicare card)

TITLE: (PLEASE SELECT) DR PROF MR MASTER MRS MS MISS OTHER:

GIVEN NAMES:

SURNAME:

I PREFER TO BE CALLED:

DATE OF BIRTH: / / GENDER: MALE FEMALE OTHER

RESIDENTIAL ADDRESS: UNIT: STREET NUMBER: STREET NAME:

SUBURB: STATE: POSTCODE:

POSTAL ADDRESS: (leave blank if same as above)

PO BOX: OR/ UNIT: STREET NUMBER: STREET NAME:

SUBURB: STATE: POSTCODE:

CONTACT DETAILS:

MOBILE PH: HOME PH: WORK PH:

EMAIL ADDRESS:

NEXT OF KIN: FULL NAME:

RELATIONSHIP TO YOU: CONTACT NUMBER:

EMERGENCY CONTACT: FULL NAME:

RELATIONSHIP TO YOU: CONTACT NUMBER:

IDENTITY DETAILS:

CULTURAL BACKGROUND: ARE YOU AN AUSTRALIAN CITIZEN: YES NO IF NO, PLEASE STATE CITIZENSHIP:

IF YOU ARE AN AUSTRALIAN CITIZEN, PLEASE CIRCLE ONE OF THE FOLLOWING: NON - INDIGENOUS ABORIGINAL ABORIGINAL AND TORRES STRAIGHT ISLANDER TORRES STRAIGHT ISLANDER

OTHER (PLEASE STATE):

COUNTRY OF BIRTH: MARITAL STATUS: OCCUPATION:

MEDICARE NUMBER: IRN: (NUMBER BESIDE YOUR NAME) EXPIRY: /

DVA NUMBER: (IF APPLICABLE) EXPIRY: / /

PENSIONER/HCC NUMBER: (IF APPLICABLE) EXPIRY: / /

DO YOU HAVE AN E-HEALTH RECORD? IF YES, PLEASE LET YOUR GP KNOW DURING CONSULT

HOW DID YOU HEAR ABOUT US? GOOGLE MAILED FLYER WALKED PAST SOCIAL MEDIA WORD OF MOUTH PATIENT/DR REFERRAL

AGREEMENT AND CONSENT:

DO YOU CONSENT TO OUR SMS REMINDER SYSTEM: YES NO IF YOU SELECT YES, YOU WILL BE SENT NOTIFICATIONS OF APPOINTMENTS AND PERSONAL HEALTH. ANY MEDICAL CORRESPONDANCE OR CONSULTATION NOTES ARE CODED VIA THIS METHOD.

I, (PRINT FULL NAME)

Agree and consent to Tailored Medical releasing my/my child's personal details and information regarding treatment with specialists as necessary. The collection of this information provides us the ability to offer the best possible care. Tailored Medical respects the privacy of every individual. By completing this form, you consent to Tailored Medical collecting your/your child's personal details with access only to authorised staff. You have the right to access and change your personal information in accordance with the commonwealth privacy act. A copy of our privacy policy is available online or from the practice.

SIGNATURE: (PARENT OR GUARDIAN TO SIGN ON BEHALF OF CHILD UNDER THE AGE OF 18)

TODAY'S DATE: / /