Select Dr
Dr Adrian Murrie
Dr Dana Lo
Dr Peter Meggyesy

Sorrento Medical Centre

New Patient Registration Form

Section A — Personal Contact Details

(Name as it appears on your Medicare Card)

Title Mr Mrs Master Miss Dr | Are You Aboriginal or Torres Strait Islander? Y/N

Family/Surname | Date of Birth / /

Given Name | Gender Male Female Pronouns

Preferred Name | Occupation

Interpreter (Language if required) | Ethnicity:

Home address | Postcode

Postal address | Postcode

Home Phone | Mobile Phone

Work Phone | Email

Section B — Government Identifiers

Medicare Card Number | Medicare Reference Number | Expiry

DVA Number | Gold/White/Lilac/Orange

Conditions | Expiry

For Children under 16ys

Parents Name | Medicare Reference number

Parents Date of birth / /

Section C — Next of Kin and Emergency Contact

Next Of Kin	**Emergency Contact** **Tick if it is the same**
Full Name:	Full Name:
Relationship to patient	Relationship to patient
Phone No:	Phone No:

Section D — Account Payer (if different to patient)

Self/Other (Name) | Date of Birth / /

Address **Tick if same as above**

Phone No:

Section E — Medical History

Any Known Allergies Y / N | If so, to what?

Describe reaction?

Please list current medications

Please note past/current medical conditions

Heart disorders	Y	N	Asthma	Y	N	Blood Pressure	Y	N
Blood disorders	Y	N	Kidney Disease	Y	N	Epilepsy	Y	N
Arthritis	Y	N	Migraine	Y	N	High Cholesterol	Y	N
Depression	Y	N	Diabetes	Y	N	Cancer (inc. skin)	Y	N

Do you currently smoke: Yes /No Number of cigarettes per day? For how long?

Do you drink Alcohol: Yes/No Daily/Weekly/monthly How many standard drinks 1-2/,3-4, /6 or more

Height: Weight:

Significant Family History (e.g. Diabetes, blood pressure, cancer, depression, cause of death)

Section F — Important Information/Privacy Policy

Transfer of Health Information

If you have consulted with another GP at another practice, the Health Information held by that GP may assist us with your future healthcare needs. If you wish to have a copy/summary of your health records transferred to this clinic, please ask our reception for information on how this can take place.

Reminders & Recalls

Our medical clinic automatically provides our patients with preventative care and early detection reminders and recalls via mail. If you do NOT wish to receive reminders, please advise our reception staff

Privacy Policy

We are committed to maintaining the confidentiality of your personal information in keeping with the Privacy Act, 2001. It is clinic policy to maintain the security of personal health information at all times and to ensure this information is only available to authorised practitioners. Information may be disclosed to other organisations where required by law or if necessary contact details may be disclosed for debt recovery purposes. Our privacy policy is available at our reception and on our website.

Student participation Our medical clinic is an accredited teaching practice for undergraduates and postgraduates. Students will observe consultations from time to time. If you do NOT wish for them to be present during your consultation, please advise our reception staff.

Consents:

I give consent for medical information to be obtained by my doctor for the purpose of my medical treatment and passed onto third parties e.g., Specialists for the purpose of further treatment. **Yes / No**

- I give consent to release Results to my designated relative/carer. **Yes / No**

Relative/Carer Name: _____

I give consent to the presences of a third party to be present during my consultation. This maybe include a Practice Nurse or medical student. (This can be revoked at any time) **Yes / No**

- I give consent for medical reminder letters to be sent to me at my preferred mailing address. **Yes / No**
- I give consent for my contact detail to be obtained for the purpose of contacting me regarding medical matters or appointments. **Yes / No**
- I give consent for SMS reminders. **Yes / No**

Payment details: Please note we are NOT a bulk billing clinic and out of pocket fees apply

Payment in full is requested at the time of consultation. Cash, EFTPOS, Visa, MasterCard are all accepted. Medicare Easy Claim is available for on the spot Medicare rebates.

By signing this form, you accept the terms and conditions above (to be signed by the person liable for the accounts).

Signed Date / /