

Marendy Medical Services Inc Redcliffe Medical New Patient Registration Form

**Please take a few moments to read and complete the following two pages,
We need this information to provide the best quality care.
Please notify us promptly of any changes in your contact details. Accurate contact details help us identify you and
your medical records, and allow us to contact you promptly about tests and results.**

SECTION A: Personal Details

TITLE: _____ FAMILY NAME: _____ GIVEN NAME: _____

MIDDLE NAME: _____ PREFERRED NAME: _____

DATE OF BIRTH (dd/mm/yyyy): _____ GENDER: Male Female

MARITAL STATUS: Single Married De facto Separated Divorced Widowed

CULTURAL BACKGROUND

Knowing your cultural background can help us provide healthcare that meets your individual needs.

Are you of Aboriginal or Torres Strait Islander Origin?

No Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander

Country of Birth: _____ Please specify language _____

Do you require an Interpreter? Yes No

ADDRESS: _____ SUBURB: _____ POSTCODE: _____

POSTAL ADDRESS: _____ SUBURB: _____ POSTCODE: _____

HOME PHONE: _____ WORK PHONE: _____ MOBILE: _____

EMAIL: _____

OCCUPATION: _____

MEDICARE CARD NO.: REF NO.(PLACE ON CARD): EXPIRY DATE: /

PENSION CARD TYPE: Pensioner Concession Card Health Care Card Commonwealth Seniors Health Card

PENSION/HCC NO.: EXPIRY DATE: / /

DVA NO.: DVA Card Colour: Gold White Lilac Orange

If your DVA card covers certain conditions, please state condition(s): _____

NEXT OF KIN (NOK) DETAILS (e.g. relation or family member):

Name of NOK: _____ Relationship to you: _____

NOK Address: _____

NOK Contact No: _____ Mobile No: _____

EMERGENCY CONTACT (e.g. close friend or neighbour, someone local, if possible not the same as NOK):

Name of 'Emergency Contact': _____ Relationship to you: _____

Contact No: _____ Mobile No: _____

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SECTION B: FOR PATIENTS UNDER 16

This information is required for processing Medicare claims; Medicare will not accept claims for minors.

Is the HEAD OF FAMILY a current patient of this practice? Yes Please provide **full name** and **DOB** only below.

No Please provide **full details** below.

HEAD OF FAMILY NAME: _____ DATE OF BIRTH (dd/mm/yyyy): _____

RELATIONSHIP TO CHILD: Parent Legal Guardian Other _____

ADDRESS: _____ SUBURB: _____ POSTCODE: _____

MEDICARE CARD NO.: REF NO.(PLACE ON CARD): EXPIRY DATE: /

CONTACT PHONE NO.: _____

SECTION C: Medical History

Smoking Status: Non-Smoker Smoker Ex-Smoker

Do you have any known allergies? (E.g. medication, food, bees etc.): Yes please provide details below No

PRODUCT/CAUSE	REACTION	SEVERITY

Do you have an advance care directive for end of life care? Yes No For more information talk to your GP

SECTION D: Consent

Our practice also sends information to the Australian Childhood Immunisation Register and Pap Smear Register. These registers also send reminders, which can be helpful if you move.

I consent to being contacted with reminders to help me maintain my health Yes No

SECTION D: Important Practice information

PLEASE NOTE: Marendy Medical Services Inc Redcliffe Medical Clinic Is Mixed Billing

Patients on a Pension, Concession or Health Care Card will be Bulk Billed.

Certain medical examinations – such as medicals, legal reports & commercial driver's licences are not claimable from Medicare.

If you require any further information regarding cost of these please ask reception staff.

Full Payment is required on day for Workcover claims that do not currently have a claim number. You are then able to follow this up with your claim agent.

Privacy:

As a provider of healthcare services it is important that you are aware of how any personal information collected by this practice is used.

The personal information collected is that deemed necessary to best attend to, and treat the presenting health condition(s). Personal information is primarily used within the practice, but sometimes it is used to ensure quality and continuity of health care for you and must be partially or fully disclosed to others outside of the organisation, depending on the circumstances. e.g: when referring to a specialist medical practitioner or when requesting blood tests, urine tests, x-rays etc; when itemising accounts for Medicare.

Freedom of information:

All patient files that include personal information, test results etc. are the property of this practice. However, should you choose to visit another Doctor at any time, copies of the appropriate files can be forwarded on receipt of your written request. Under no circumstance will this practice divulge personal information without your prior written consent.

I have read & understand all information provided above regarding fees, privacy & freedom of information.

NAME:	SIGNATURE:	DATE:
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