WESTSIDE MEDICAL CENTRE PATIENT INFORMATION

Mr / Mrs / Ms / Miss / Mast / Other ………………………..

Surname: ……………………………………. First Name: …………………………………. Preferred Name: ………………………….

Date of Birth: ………………………………... Sex: Male / Female / Other

Ethnicity: Australian, non indigenous / Aboriginal / Torrest Strait Islander / Both Aboriginal & Torres Strait Islander

 Other …………………………………………………………………………………

Home Address: ……………………………………………………………………………………………………………………………………...

Suburb: …………………………………………………………………………………………… Postcode: ………………………………….

Postal Address (if different from above): ……………………………………………………………………………………………………………......

Phone: Home: ……………………………. Work: ………………………………………… Mobile: ……………………………………..

Do you consent to receiving reminders by SMS? Yes / No

Email: ………………………………………………………………………………………………………………………………………………...

Medicare Number:…………………………………...................... Position on card: ………. Expiry: ……………………………………..

Pension Card Number: ………………………………………………………………………….. Expiry: ……………………………………..

Health Care Card Number: ……………………………………………………………………… Expiry: ……………………………………..

DVA File Number: ………………………………………………………………………………... Type: Gold / White

Next of Kin: ………………………………………….. Relationship: ………………………. Phone: ……………………………………..

Emergency Contact: ………………………………… Relationship: ………………………. Phone: ……………………………………..

I authorise the following person to take messages regarding a recall, reminder or change of appointment on my behalf:

Name: ………………………………………………... Relationship: ……………………… Phone: ……………………………………..

Are we able to leave a confidential message for you regarding results, recall, or confirming/changing appointments on:

Home Phone: Yes / No Work Phone: Yes / No Mobile: Yes / No

Our practice provides patients with preventative health care reminders eg. Annual health checks, pap smears, immunisations & clinics. These will be sent to you automatically. If you DO NOT wish to have this option, please inform our reception staff.

□ I have been given my Westside Medical Centre Practice Information Sheet (please make time to read)

□ I understand that Westside Medical Centre is NOT a Bulk Billing Practice, payment is required on the day of consult. If you hold a current pension card you will be bulk billed.

**Privacy**

It is the policy of this practice to maintain the security of personal health information at all times and to ensure that this information

is only available to authorised members of staff. Patient information may have to be disclosed to other doctors, nurses and medical

technicians so that proper health care is not compromised. You can assist in maintaining the accuracy of your information by

advising the practice of changes to your personal contact details.

□ I have read and understand the privacy information

Signature: ……………………………………………………………………….. Date: ……………………………………………...