**CRANBOURNE MEDICAL AND SKIN CLINIC**

*14/85 EVERLASTING Blvd, Cranbourne West, P- 97890108*

# Patient Registration Form

This document is to keep your record and information up-to-date and accurate. Please complete the following information:

1. **Personal Details**

|  |  |
| --- | --- |
| Date of Birth : / /  | Gender: ☐ Male ☐ Female ☐Other |
| Title: ☐Mr ☐ Mrs ☐Ms ☐Master ☐Miss  | Status: ☐Single ☐Married ☐De facto ☐Widowed |
| Surname:  | Given Names:  |
| Residential Address:  |  |
| Postal Address:  |  |
| Home Phone:  | Mobile Phone:  |  | Work Phone:  |
| Email:  |  | Occupation:  |

1. **Medicare Details**

|  |  |  |
| --- | --- | --- |
| Medicare Card Number: | Your Ref No on card:  | Expiry Date: / / |

1. **Commonwealth Concessions**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pensioner/ Health Care Card  |  | Ref no:  |  | Expiry:  |
| DVA No:  |  | Colour:  |  | Expiry:  |
| **4. Emergency Contacts** |  |  |
| Name:  | Phone:  | Relationship:  |
| **5. Next of Kin** |  |  |
| Name: | Phone:  | Relationship:  |

1. **Ethnicity**

|  |  |
| --- | --- |
| What is your ethnicity?  |  |
| Do you identify as Aboriginal or Torres Strait Islander? ☐ Y / ☐ N  | If YES please specify:  |
| If you are from a non– English speaking background, will you require an interpreter? ☐ Y / ☐ N | If YES please specify:  |

1. **Allergies/ Smoking / Alcohol**

|  |  |
| --- | --- |
| Any known allergies? Food, pets, bees etc.? ☐ Y / ☐ N  |  If YES please specify:  |
| Are you or have you ever been a smoker? Please Specify:  |  ☐ Non-Smoker ☐ Smoker ☐ Ex-Smoker  |
| Do you drink alcohol? Please specify: |  ☐ Non-drinker ☐ Drinker: Days/week: Drinks/day: |

**Please Turn Over To Sign Clinic Policies**

**TERMS AND CONDITIONS:**

**Dear Patients, please note the following policies for this practice:**

**\*\*\* We have ZERO TOLERANCE of abuse of our staff either in person or on the phone. You will be asked to leave the practice \*\*\***

**Appointments:** Our reception staff will ask you at the time of booking which doctor you would prefer to see and discuss the length of appointment you require. Please note a **‘standard appointment’** is 15 minutes long and allows for the discussion of one to two simple issues**. If you require completion of forms, medicals/reports have complex or multiple issues to discuss or need a procedure of any kind, including a cervical screening, then please ask for a ‘long appointment’**. This ensures there is minimal delay for other patients who are waiting. **Advising our reception staff will ensure they book the most efficient and cost effective appointment for you. Please note not all of our Doctors undertake all procedures.**

**After hours care**: is provided by DoctorDoctor on 13 26 60 or [www.doctordoctor.com.au/contact-us](http://www.doctordoctor.com.au/contact-us)

**Privacy statement and consent to release relevant health information:** We require that you to provide us with your personal details and a full medical history so that our Doctors can properly assess, diagnose, treat and respond to your health care needs. We do not share identified information without your consent in accordance with the National Privacy Principles (NPP) and the Privacy Act. Information regarding your identifiable medical records will only be released following a request in writing and with relevant approvals. For more information on our Privacy Policy, refer to Clinic’s notice board, and website.

**Practice Fees: We are a bulk billing practice.** Consultations are bulked billed. However, further fees apply for certain procedures, vaccinations and medicals not covered by Medicare. The receptionist or doctor will be advised of any further fee’s beforehand or ask to look at our service fee list.

**Phone calls / emails**: As courtesy to the patient seeing a GP, as well as privacy, our Doctors do generally not accept calls during consultation times. Please leave a message with the reception staff and they will pass the message onto the Doctor who will return your call if appropriate.

**Scripts and referrals to specialists without appointments**: To maintain quality health care, a consultation with the Doctor is generally required to determine the appropriateness of each request for a referral or prescription, *even if it is an ongoing concern.*

**Please note: it is illegal for Doctors to backdate referrals to specialists and medical certificates. *Please do not make such a request.***

**\*\*Results:** In the interest of good health care, generally patients will be asked to make an appointment to discuss results, though on occasion a Doctor may make alternative arrangements with you. **Our reception staff are NOT ABLE to provide result over the phone.**

**Reports/Paperwork**: These consultations may not be subject to a Medicare rebate - check with reception. Additional administration costs may be incurred for printing, faxing or postage as required.

**Late cancellations / No shows for booked appointments:** We would appreciate that you give as much notice as possible if you are unable to attend your appointment (minimum 4 hrs). Failure to attend appointments causes inconvenience for the Doctors and patients who miss out on appointments.

**Feedback:** This Practice prides itself on providing high quality healthcare. If you have any questions, concerns or complaints please speak to our team or you can place a comment in our suggestion box. You can contact the Practice Manager in person, by phone or in writing. Alternatively, you can contact Health Quality and Complaints Commission at www.health.vic.gov.au/hsc or phone on 1300 582 113.

**Health Promotion and Preventative Care**: This Clinic operates a patient reminder system and preventative medicine program for follow-up and education regarding important medical issues. Please notify staff if you do not wish to be contacted via SMS and/or email. The practice’ website provides information about our services.

**Translation services**: Please notify our receptionists PRIOR to the appointment if you require translation/ National Relay Services (hearing / speech impaired) so that this can be arranged. Some of our Doctors speak several languages so please discuss any requirements when you book.

**I have read and understood the terms and conditions as above**

Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian