



KINGSCLIFF BEACH MEDICAL

40 Marine Parade
Kingscliff, NSW, 2487
Phone: 02 6674 3266 Fax: 02 6674 3300

Patient Registration Form

Title _____ Surname _____ Given Names _____

Know as _____ Date of birth ____/____/____ Gender _____

Marital Status Single Married Defacto Separated Divorced Widowed

Medicare No. _____ Number in front of name ____ Exp. Date _____

Centrelink Pension , Centrelink Health Care Card , DVA White Card or DVA Gold Card

Pension, HCC or DVA Card Number _____ Expiry Date _____

Occupation _____ Primary Language Spoken _____

Address _____

Suburb _____ State _____ Postcode _____

Phone (home) _____ (work) _____ Mobile _____

Emergency contact

Name _____ Relationship to you _____

Phone (home) _____ Mobile _____

Next of kin contact (if different from above)

Name _____ Relationship to you _____

Phone (home) _____ Mobile _____

Australia is a genuinely multicultural society. To tailor appropriate care, encourage understanding and appreciation between people from different nationalities and backgrounds –Do you identify as someone from a culturally and/or linguistic diverse background?

Yes - Please elaborate _____

To assist with health initiatives, are you Aboriginal or Torres Strait Islander?

Yes - Aboriginal Yes - Torres Strait Islander Yes - Aboriginal & Torres Strait Islander No

Our practice uses a reminder system to improve the quality of your health care. The practice sends reminders by **SMS text message**, mail or telephone for procedures such as immunisations, pap smears and other health reviews.

I consent to being contacted with reminders Yes No

In completing this form I understand that my personal information is been collect and consent this information to be shared when relevant and appropriate to my treatment. A full copy of our Privacy Policy and Health Information Collection Policy can be obtained from reception

Our practice follows the guidelines of The Royal Australian College of General Practitioners Handbook for the management of health information in private medical practice. This means your personal health information is kept private and secure, as required by federal and state privacy laws.

Our practice undertakes research, professional development, and quality assurance/improvement activities to improve patient care. All people accessing personal health information for this purpose have signed a written confidentiality agreement.

Signature of patient or guardian _____ Date ____/____/____

Please note Bulk Billing is only available to current Centrelink Pension Card Holders, DVA Gold Card Holder & children under 16 years of age