



KINGSCLIFF BEACH MEDICAL

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

Patient Registration Form

Title _____ Surname _____ Given Name/s _____ Known as _____

Date of birth ____/____/____ Birth Sex _____ Gender _____ Pronouns _____

Marital Status: Single Married De facto Separated Divorced Widowed

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

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

Pension, HCC or DVA Card Number _____ Expiry Date ____/____/____

Occupation _____ Primary Language Spoken _____

Address _____

Suburb _____ State _____ Postcode _____

Phone (home) _____ (work) _____ Mobile _____

Email _____

By providing my email address, I acknowledge that email communication is unsecured and unencrypted. The practice cannot guarantee the confidentiality of information sent via email, and others who access this email account may view the information.

Next of kin

Name _____ Relationship to you _____

Phone (home) _____ Mobile _____

Emergency contact (if different from above)

Name _____ Relationship to you _____

Phone (home) _____ Mobile _____

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?**

No Yes - Please elaborate _____

To assist with health initiatives, **do you identify as Aboriginal or Torres Strait Islander?**

Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander No

Our practice uses a reminder system to improve the quality of your health care. Reminders may be sent via SMS, mail, or phone for immunisations, screenings, and other health reviews.

I consent to being contacted with reminders: Yes No

In completing this form, I consent to the collection and use of my personal information as appropriate and relevant to my treatment. A copy of the practice Privacy and Health Information Collection Policy is available at reception.

The practice complies with the Royal Australia College of General Practitioners guidelines for managing health information in private medical practice. Your personal health information is kept private and secure as required by federal and state privacy laws.

We may undertake research, professional development and quality improvement activities to enhance patient care. All individuals accessing personal health information for these purposes sign a confidentiality agreement.

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

Please note: Bulk Billing is available for Centrelink Pension Card Holders, DVA Gold Card Holders & children under 12 years of age for standard consultation. Fee apply for all other patients and additional fees may apply for certain services. Missed appointments will incur a fee.