<u> Mount Nelson Medical Centre - New Patient Registration Form</u>

Address : I/IO Olinda Grove, Mt Nelson, TAS 7007 | Landline : 03 6144 6499 Fax : 03 6144 6423 Email : info@mtnelsonmedicalcentre.com.au

We need this information to provide the best quality care. This form complies with the RACGP Standards for general practices. This means your personal health information is kept private and secure, as required by federal and state privacy laws. If you have concerns, please leave blank and discuss with your GP. Our complete Privacy policy is available on our website and also at the reception.

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.

PATIENT DETAILS	TITLE: SURN	AME FIR	ST NAME:	
DOB:	GENDER:	MARITAL STATUS		
ADDRESS	LINE I:			
SUBURB:		STATE:	POST CODI	:
MOBILE:		EMAIL :		
WHO CAN WE CONTACT IN AN EMERGENCY? NAME :				
RELATIONSHIP TO YO	DU:	CONTACT NUMBER		
ANY NOTES :				
INDIVIDUAL HEALTH	CARE IDENTIFIER: MEDI	CARE NUM:	IRN	EXPIRY:
PENSION / HEALTHC	ARE/DVA: NUMBER:	TYPE:		EXPIRY
CULTURAL BACKGROUND Knowing your cultural background can help us provide healthcare that meets your individual needs. Aboriginal Aboriginal & Torres Strait Islander Torres Strait Islander Neither				
Is English your first language? Yes No If not, do you require an interpreter? Yes No				
Please specify language:				
CONSENT Our pra	actice uses a reminder sy telephone or SMS for pro	stem to help you maintain your hea ocedures such as vaccinations, test	alth. The practice s results reviews, fo	ends reminder by post, llow up appointments.
l consent to being contacted with reminders to help me maintain my health: Yes No				
TRANSFER OF HEAL	TH INFORMATION			
	thcare needs. You may w	GP at another practice. The health i ith to copy or a summary of your h ionist for information about how th	ealth records trans	
SIGNATURE OF PATI	ENT OR GUARDIAN		DATE	

Please advise us if your contact information or Medicare details change.