Mount Nelson Medical Centre – New Patient Registration Form

Address : I/10 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: | SURNAME | FIRST NAME:

DOB: | GENDER: | MARITAL STATUS

ADDRESS LINE I:

SUBURB: | STATE: | POST CODE:

MOBILE: | EMAIL :

WHO CAN WE CONTACT IN AN EMERGENCY? NAME :

RELATIONSHIP TO YOU: | CONTACT NUMBER

ANY NOTES :

INDIVIDUAL HEALTHCARE IDENTIFIER: MEDICARE NUM: | IRN | EXPIRY:

PENSION / HEALTHCARE / 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 practice uses a reminder system to help you maintain your health. The practice sends reminder by post, email, telephone or SMS for procedures such as vaccinations, test results reviews, follow up appointments.

I consent to being contacted with reminders to help me maintain my health: Yes ☐ No ☐

TRANSFER OF HEALTH INFORMATION

You may have consistently consulted with a GP at another practice. The health information held by that GP may assist us with your future healthcare needs. You may with to copy or a summary of your health records transferred to this practice. Please ask the receptionist for information about how this can take place

SIGNATURE OF PATIENT OR GUARDIAN DATE

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