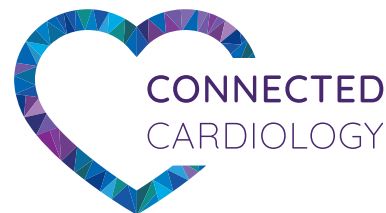


NEW PATIENT REGISTRATION FORM



PATIENT DETAILS

Dr Mr Mrs Ms Miss Mast Other

First name

Surname

Date of birth

Address

Suburb

Postcode

Daytime phone number

Mobile number

Work number

Email address

Next of Kin

Relationship to patient

Phone

Mobile

Ethnicity Aboriginal Torres Strait Islander Other

Medicare number

Reference number (next to name)

Card expiry

/

DVA number

Pension or Centrelink Health Care Card Number

Card expiry

/

ABOUT YOUR PERSONAL HEALTH INFORMATION

The personal health information that you provide during your consultation and subsequent treatment will be collected for the purpose of providing you with high quality health care. Our policy is to protect your privacy and this information will only be disclosed to other health care workers where necessary or required under legislation.

I agree and consent to my health information being used in accordance with the Victorian Health Records Act, 2001.

Signed

How did you hear about us? Google Facebook Family/friend recommendation Other

I would like to receive the practice newsletter/updates

Shepparton Regional Hub - 588 Wyndham Street Shepparton VIC 3630

P 1300 856 168 **E** info@connectedcardiology.com.au **W** www.connectedcardiology.com.au