PRIVATE AND CONFIDENTIAL

SURNAME…… GIVEN NAME(S)…… PREFERRED PRONOUNS……
(MR, MRS, MS, MISS, MASTER)

D.O.B …… SELF IDENTIFIED GENDER: .....

MEDICARE NUMBER……...IRN..... EXP. DATE……/……

PENSION/HEALTH CARE CARD NO: .....EXP. DATE……/……/…….

VETERAN'S NUMBER……EXP.DATE……

ADDRESS……

SUBURB…… POSTCODE……..

TELEPHONE NUMBER(S): HOME…… MOBILE…….

WORK: ……OCCUPATION……

Email address:……

SELF IDENTIFIED CULTURE……ETHNICITY:……
Are you of Aboriginal or Torres Strait Islander YES/NO

**NEXT OF KIN:**
RELATIONSHIP……..
NAME……
CONTACT NUMBER…….
ADDRESS……
…….

**PERSON TO CONTACT IN CASE OF AN EMERGENCY:**
NAME:.....
CONTACT NUMBER: .....
ADDRESS: .....

Is this a Workcover Claim: Yes/ No ( Please Circle)

I agree to pay all accounts within this practice's specified time period. In the event of late payment the practice reserves the right to charge an accounting fee.

Signature…….. Date……/……/…….

Would you like to be contacted via SMS (mobile text message) for: appointment reminders, recall and other test

reminders or medical services we offer? Yes / No

## LANGPARK HEALTH RESPECTS AND UPHOLDS YOUR RIGHTS TO PRIVACY PROTECTION UNDER THE NATIONAL PRIVACY PRINCIPLES & CURRENT PRIVACY LEGISLATION

## PRIVACY OF PATIENT INFORMATION AND MEDICAL INFORMATION

We require your consent to collect personal & health information about you. Langpark Medical Centre safeguards its confidentiality and privacy in accordance with the *Australian Privacy Principals.* We require you to provide us with your personal details and full medical history so that we may properly assess, diagnose and treat you and be proactive in your health care needs. This means we will use your information you provide in the following ways.

- Billing and administrative purposes including compliance with Medicare Australia
- Disclosure to others involved in your health care, including treating doctors & specialists outside this medical practice. This can occur though referral to other doctors, referral for medical tests and the reports and results returned to us following these referrals.
- To contact you for the purpose of Recall and Reminders • To comply with legislative or regulatory requirements
- For research and quality assurance activities.

Patient/Guardian signature Date