



# Patient Registration Form

Access Health Care Tuncurry  
18 Peel Street Tuncurry

We are committed to providing our patients with the best care, to do this it is essential that your medical records are up to date and accurate. Could you please assist us by completing the following?

(Please tick one): Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Master <input type="checkbox"/>		
First Name:	Middle Name:	Surname:
Name by which you like to be called:		Birth Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:	Gender Identity:	
Street Address:		
Suburb:	State:	Post Code:
Home Telephone:	Work Telephone:	Mobile Telephone:
Postal Address (if different from above):		
Suburb:	State:	Post Code:
Email		
Occupation		
Country Of Birth	Ethnicity:	
Are you of Aboriginal or Torres Strait Islander Origin Yes <input type="checkbox"/> No <input type="checkbox"/>		
Medicare Number :	IRN: (number on card)	Expiry Date:
_____	_____	____ / ____ / ____
Dept of Veterans Affairs (DVA) Number: <b>Gold Card</b> <input type="checkbox"/> <b>White Card</b> <input type="checkbox"/>		Expiry Date:
NX _____		____ / ____ / ____
Health Care Card / Pension Card Number: ( please circle one )		Expiry Date:
CRN _____		
Next of Kin:	Relationship:	Contact Details:
Emergency Contact Name:	Relationship:	Telephone:
<b>Medicare Rebate</b>		
To be able to process your Medicare rebate straightaway to your savings account. Please provide your bank details (If you don't provide your bank details we won't be able to process the Medicare rebate over the phone)		
Account Name:	BSB:	Account number:
_____	_____	_____

Our practice participates in electronic My Health Record eg; Shared Health Summary and Event Summary. Please speak to the admin staff if you do not wish to participate in any of these eHealth services

We are committed to protecting the confidentiality of your personal information and health records. In submitting this form, you agree that from time to time your doctor may need to consult with other medical practitioners/allied health care providers and release medical information. This will be done by either telephone, written referral, secure electronic transmission or facsimile.

**Cancellation policy:** You may cancel your appointment up to 2 hours beforehand and not be charged, if in case of a 'no show' there will be a \$50 fee which must be paid prior to your next visit, unless in case of a state emergency/ crisis or other circumstances beyond your control which prevent you from cancelling your appointment with sufficient notice.

**Transferring Records To Another Practice:** Patient's wanting to transfer their records to another practice must fill out & sign a "Transfer Of Records Request" at their new practice to be faxed to Access Health Care Tuncurry. A cost of \$30 per file is required prior to sending your medical records.

Signature: .....

Date: .....