Australia Halcyon Health Pty Ltd/ Moonah Health Centre

16 Main Road Moonah TAS 7009 Phone: 03 62285652

New Patient Registration Form

Registration Details

Title: First Name: Preferred:

Surname: Date of Birth:

Address:

Suburb: Post Code:

Home No: Work No: Mobile No:

Medicare Card No: Ref No: Expiry date:

☐ Pensioner Card ☐ Veteran Card ☐ Health Care Card

Concession card No: Expiry date:

Medical History

What is your occupation?

Have you suffered any major illness?

Any operation?

Do you have any allergies?

Do you smoke?

Drink Alcohol?

Current Medication:

Family Medical History:

Aboriginal / Torres Strait Islander? ☐ Yes ☐ No

Country of Birth / Cultural Background:

Next of Kin/ Who would we call in case of an emergency?

Title: Relationship to the patient:

First Name: Surname:

Address:

Phone No:

Emergency contact: Phone No:

Do you wish to have any relevant health reminder/mail/results sent to you?

☐ **Yes** ☐ **No** If you agree to being contacted complete the following:

☐ Mail ☐ SMS ☐ Email address:

How did you hear about the clinic?

☐ Google ☐ WeChat ☐ Family/Friend ☐ Saw sign out front ☐ Other:

Health Information Collection and Use Consent

☐ I give my consent to Moonah Health Centre to collect my personal information and to use this information in the following ways:

Administrative, billing (including compliance with Medicare & Health Insurance Commission), disclosure to others involved in my healthcare through referral, medical tests, reports and the like, compliance with legislative or regulatory requirements.

Patient Notice

☐ **I understand that I will only be taken on as a regular patient after confirmation from a doctor following the initial consultation(s)**

Signed: **Dated:** **Signed as Guardian:**