TOORONGA
family medical

774 Toorak Road
Glen Iris VIC 3146

T (03) 9002 2888
F (03) 9002 2880
toorongamedical.com.au

Registration Form

Title

Family/Surname

First Name/s

Middle Name/s

Preferred Name

Date of Birth (DD/MM/YYYY)
/ /

Gender

Sex at birth (circle one)
Male / Female / Other

Mobile Number

Home/Work Number

Home Address

Suburb:

Postcode:

Country of Birth

Occupation

ATSI (Aboriginal and/or Torres Strait Islander)

Email Address

Medicare Card Number

Ref. no

Expiry Date (MM/YYYY)
/

Concession/Pension Card Number *(if applicable)*
- -

Expiry Date (DD/MM/YYYY)
/ /

DVA *(if applicable)*

Expiry Date (DD/MM/YYYY)
/ /

Next of Kin

Full Name

Number

Relationship to Patient

Emergency Contact *(if different to Next of Kin)*

Full Name

Number

Relationship to Patient

Past Medical History:

Current Medications:

Allergies:

Family History:

Alcohol Intake Standard Drinks times per week / month (circle one)

Smoker Yes / No / Ex-smoker (circle one) cigarettes per day / week (circle one)

PLEASE TURN OVER

TRANSFER OF HEALTH INFORMATION
If you have consulted with another GP at another practice, the Health Information held by that GP may assist us with your future healthcare needs. If you wish to have a copy / summary of your health records transferred to this clinic, please ask our reception for information on how this can take place.

REMINDERS & RECALLS
Our medical clinic automatically provides our patients with preventive care and early detection reminders and recalls via SMS / email / mail. If you do NOT wish to receive reminders, please advise our reception staff.

PRIVACY POLICY
We are committed to maintaining the confidentiality of your personal information in keeping with the Privacy Act, 1988. It is clinic policy to maintain the security of personal health information at all times and to ensure this information is only available to authorised practitioners. Information may be disclosed to other organisations where required by law or if necessary contact details may be disclosed for debt recovery purposes. Our full privacy policy is available at reception and is downloadable on our website.

PAYMENT DETAILS
Please note that we are NOT a bulk billing clinic and out of pocket fees apply

- Payment in full is required at the time of consultations.
- Cash, EFTPOS, Visa & MasterCard are accepted.
- Accounts referred to a debt collection agency or solicitor will incur a debt collection fee.
- Fail-to-attend fees and late cancellation fees will be charged for consultations that are not attended or not cancelled within 3 hours.
- Consent is granted for the Medicare assignment benefit to be paid to the clinic if a telehealth consultation is charged directly to Medicare.

By signing this form, you accept the terms and conditions above (to be signed by the person liable for the accounts).

Signed

Date __ __ / __ __ / __ __ __ __

OTHER FAMILY MEMBERS YOU WOULD LIKE REGISTERED

Title	Name on Medicare Card	Ref. no	Date of Birth (DD/MM/YYYY)
			/ /
			/ /
			/ /
			/ /
			/ /