



# The Hills Medical

**WELCOME TO THE HILLS MEDICAL**  
**PLEASE COMPLETE AND GIVE TO RECEPTION**

## NEW PATIENT REGISTRATION

TITLE		FIRST NAME		SURNAME		
KNOWN AS		DATE OF BIRTH		MALE/FEMALE/OTHER		
ADDRESS					POSTCODE	
POSTAL	<i>WRITE AS ABOVE IF SAME AS RESIDENTIAL</i>				POSTCODE	
PH HOME		WORK		MOBILE		
EMAIL ADD						
MARITAL STATUS		OCCUPATION		COUNTRY OF BIRTH		
ABORIGINAL OR TORRES STRAIT ISLANDER	Yes/No		CONSENT TO SMS COMMUNICATION		Yes/No	
MEDICARE NO					REF NO	
PENSION / HEALTH CARE / DVA CARD					EXP	/ /
<b>NEXT OF KIN ( REQUIRED) AND / OR PAYER OF ACCOUNT ( IF CHILD UNDER 16)</b>						
RELATIONSHIP TO PATIENT			IS NEXT OF KIN / PAYER AN EXISTING PATIENT?		Yes/No	
TITLE		FIRST NAME		SURNAME		
KNOWN AS		DATE OF BIRTH		MALE/FEMALE/OTHER		
ADDRESS					POSTCODE	
POSTAL	<i>WRITE AS ABOVE IF SAME AS RESIDENTIAL</i>				POSTCODE	
PH HOME		WORK		MOBILE		
MEDICARE NO					REF NO	
PENSION / HEALTH CARE / DVA CARD					EXP	/ /
<b>EMERGENCY CONTACT ( IF DIFFERENT TO NEXT OF KIN)</b>						
RELATIONSHIP TO PATIENT			IS NEXT OF KIN AN EXISTING PATIENT?		Yes/No	
TITLE		FIRST NAME		SURNAME		
PH HOME		WORK		MOBILE		
<b>PLEASE SEE OVER</b>						



# The Hills Medical

TRANSFER OF HEALTH INFORMATION	<ul style="list-style-type: none"> <li>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 care records transferred to this clinic, please ask reception/GP for information on how this can take place.</li> </ul>
REMINDERS & RECALLS	<ul style="list-style-type: none"> <li>Our medical clinic automatically provides our patients with preventative care and early detection reminders</li> </ul>
PAYMENT POLICY	<ul style="list-style-type: none"> <li>The Hills Medical is <b>NOT a bulk billing clinic</b> and out of pocket fees apply</li> <li>Payment in full is requested at the time of consultation.</li> <li>The patient will accept full liability for all <b>Workcover</b> and <b>TAC</b> claims</li> <li>A \$10 accounting fee will be charged if your account is not paid in full on the day of consultation</li> </ul>
PRIVACY POLICY	<ul style="list-style-type: none"> <li>The Hills Medical acknowledges and respects the privacy of individuals. The personal information collected is necessary for us to provide you with the best possible service. By completing this form, The Hills Medical accepts that you and/or your parents/guardians (if person is under 18 years of age) have consented for this information to be collected. The intended recipients of this information are The Hills Medical and its authorised staff. You have the right to access and alter personal information collected in accordance with the <b>Commonwealth Privacy Act (Amended 2001)</b> and The Hills Medical Privacy Policy. You may receive information from time to time regarding health issues and/or recalls.</li> <li>I give my consent that information regarding my treatment be released to other Specialist practitioners and/or other The Hills Medical practitioners as necessary.</li> </ul>
CONSENT	<p>Please read carefully before signing. Your signature will be taken as your agreement to what is set out above</p> <p>.....</p> <p>Name (please print) <span style="float: right;">Date:</span></p> <p>.....</p> <p>Signature</p>

How did you hear about The Hills Medical? (please circle)

Family

Friend

Yellow Pages

Walk in

Internet

Advertising

Other: .....

