

Gordon Medical Centre
772a Pacific Highway Gordon NSW 2072

Patient Registration Form

Title: _____ First name: _____ Surname: _____

Preferred Name: _____ Date of Birth: _____ Sex: Male or Female? _____

Medicare Card #: _____ Reference # *(number in front of your name)* : _____ Expiry: _____

Address: _____ Suburb: _____ State: _____ Postcode: _____

Tel: (H) _____ (W): _____ (Mob): _____ Email: _____

Marital Status: *(please circle)* Single Married Divorced Widowed De Facto Separated

Occupation: _____ Country of Birth: _____

Emergency Contact/Next of Kin: Name: _____ Tel: _____

Do you have any of the following Concession Cards: *(please tick and enter card number and expiry date below)*

- ☐ Centre link: Health Care Card
- ☐ Pension Card
- ☐ Commonwealth Health Care Card

- ☐ Veteran's Gold Card
- ☐ Veteran's White Card

Concession Card Number: _____ Expiry Date: _____

Private Health Insurance: *(please circle)* Yes/No

Do you have any allergies?: _____

Are you from the following background? : Aboriginal Torres Strait Islander

How did you hear about us? *(please circle)*

Internet Word of mouth Phone Book Walk By Drive By Other? _____

Privacy Statement: Patient and confidentiality are a priority in this practice. The Gordon Medical Centre will only collect personal information necessary to provide out patients with a quality health service. We will only disclose personal information without consent where such disclosure is required by law, or for law enforcement, or in the interests of the patient's or the public's health and safety. If the identified information is to be used for a secondary or unrelated purpose, such as data analysis or research, we will obtain informed consent from the patient. A full Privacy Policy of the Gordon Medical Centre can be provided on request.

Anti Discrimination Policy: This practice does not discriminate against patients on the basis of gender, race, disability, Aboriginality, age, sexual preference, beliefs or medical condition.

Important: It is very important that all investigations, results and appointments are followed up by patients for their wellbeing. Diligence is recommended for patients to make follow up appointments when advised to.

Signature: _____ Date: _____

Caring for your health