## MARONG MEDICAL PRACTICE CLIENT/PATIENT REGISTRATION - CONFIDENTIAL

Details Entered	
Scanned $\Box$	

Received: Client Rights Brochure Yes No

TITLE (MR/MRS/MISS/MS/MASTER) F	AMILY NAME			
	OE/IDED			
GIVEN NAMES	GENDER ON			
	Male Female Other			
DATE OF BIRTH				
Married / De Facto Single	Widowed Divorced /Separated Under 15 years			
ADDRESS/ POSTAL ADDRESS				
CITY/TOWN/SUBURB POSTCODE				
TELEPHONE (HOME)	TELEPHONE (MOBILE) E- MAIL			
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COUNTRY OF BIRTH A	BORIGINAL TORRES STRAIT ISLANDER			
	☐ Yes ☐ No			
To assist with health initiatives				
·	ociety. To tailor appropriate care, encourage understanding and			
appreciation between people from diffe	erent nationalities and backgrounds – Do you identify as someone from			
a culturally and/or linguistic diverse ba	ackground? No 🗌			
Yes - Please elaborate				
res - riease elaporate				
MEDICARE NO				
VETERANI A FEATRE CARD NO				
VETERAN AFFAIRS CARD NO.	Gold White Blue			
PENSION/HCC NO.				
IN CASE OF EMERGENCY PLEASE CONTACT:	: NAME			
CONTACT NUMBER/s	RELATIONSHIP TO YOU			
CONTACT NOMBER/3	KEEATIONSIIII 10 100			
ANY ALLERGIES OR INTOLERANCES? Please	list			
If allergies please explain reaction:				
Do you smoke? Y N H	low many per day? Year started?			
Do you drink alcohol? Y N H	low often? How many per day?			
PRIVACY STATEMENT				
Managar Ma Paul Barada and Arthur distribution and a sanda and				
	oformation to assist us to provide you with services. All information on I not be released to anyone without your consent. Marong Medical			
	rds Act 2001 (Victoria). Please speak to reception if you would like a copy			
of our privacy statement.				
Signed:				

Date:

If the Clin	ic is unable to contact you, is there a person you authorise to be contacted in yo	our
absence (	for urgent medical information or recall)	

Name	Relationship
Discuss Alic	
Phone No	

Do you consent to our practice sending SMS reminders for the following:

Reminders Yes No

Recalls & Results Yes No

Health Information Yes No

I give my consent for disclosure for research and quality assurance activities to improve individual, community health care and Practice management. This may occur when Marong Medical Practice incorporates patient health records into de-identifiable patient information to transfer to a third party, normally used for quality improvement projects. De-identifiable patient information cannot be traced back to the individual.

Yes No

## CONFIDENTIAL