

Personal Details

Family Name	<input type="text"/>	Address	<input type="text"/>
First Name	<input type="text"/>	Suburb	<input type="text"/>
Middle Name(s)	<input type="text"/>	Postcode	<input type="text"/>
Preferred Name	<input type="text"/>	Home phone	<input type="text"/>
Title	<input type="text"/>	Mobile phone	<input type="text"/>
Date of Birth	<input type="text"/>	Work phone	<input type="text"/>
Gender	<input type="text"/>	Country of Birth	<input type="text"/>
Email	<input type="text"/>	Ethnicity	<input type="text"/>
Are you of Aboriginal or Torres Strait Islander origin?		Language spoken at home	<input type="text"/>
<input type="checkbox"/> Yes, Aboriginal		Do you require an interpreter or other communication service?	
<input type="checkbox"/> Yes, Torres Strait Islander		<input type="checkbox"/> No	
<input type="checkbox"/> Yes, Aboriginal and Torres Strait Islander		<input type="checkbox"/> Yes, Please specify	
<input type="checkbox"/> No			

Medicare Information

Medicare Card No.	<input type="text"/>	Reference No. (next to your name)	<input type="text"/>	Expiry Date	<input type="text"/>
Dept Veterans Affairs Card No.	<input type="text"/>	Colour	<input type="checkbox"/> White <input type="checkbox"/> Gold	Expiry Date	<input type="text"/>
Pension No.	<input type="text"/>			Expiry Date	<input type="text"/>
Health Care Card No.	<input type="text"/>			Expiry Date	<input type="text"/>

Alternative contacts

Next of Kin	<input type="text"/>	Mobile No.	<input type="text"/>
Relationship to you	<input type="text"/>	Daytime phone	<input type="text"/>
Emergency Contact (1)	<input type="text"/>	Mobile No.	<input type="text"/>
Relationship to you	<input type="text"/>	Daytime phone	<input type="text"/>
Emergency Contact (2)	<input type="text"/>	Mobile No.	<input type="text"/>
Relationship to you	<input type="text"/>	Daytime phone	<input type="text"/>

Privacy

You may find a copy of our Privacy Policy at our website: bartonlaneppractice.com.au or from the practice

I give consent for my personal health information to be used for administrative purposes to assist in the running of Barton Lane Practice and the coordination of my care, including disclosure to others involved in my healthcare such as referring doctors, treating doctors and/or specialists, allied health services and diagnostic service providers within and outside of Barton Lane Practice.

I give consent to be part of Barton Lane Practice's service updates, invitations to health care activities, and appointment reminders and notifications (including SMS).

I give consent to be part of recall and reminder systems, both for national registry purposes (e.g. cervical screening, bowel cancer screening) and for personal follow up care.

If I have a My Health Record, I give consent for health care providers at Barton Lane Practice to access this record as part of providing and coordinating my care.

I give consent for my personal health information (in a de-identified form that cannot be traced back to me as an individual) to be used in quality improvement activities to improve individual, community health care and practice management.

I consent to receiving information about research projects being conducted by and through Barton Lane Practice.

I have read and understand the above information. I understand I am free to withdraw my consent at any time by contacting Barton Lane Practice.

Signature

Name

Date

For Office Use

File updated by

Date Entered

Signature