PATIENT DETAILS FORM

Phone: 47799266
Fax: 47675100
www.tnclinic.com.au

Title: _____ First Name: _____ Surname: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Date of Birth: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Email Address: _____

Medicare No: _____ Ref No: _____ Expiry Date: _____

Private Health Fund: _____ Member no: _____

Dept Veterans Affairs Card No: _____ Colour: _____ Disability: _____

Pension Card / Health Care Card No: _____ Exp: _____

Next of Kin (name): _____ Contact no: _____

List below GP, Specialists or Allied Health practitioners you would like to have copied in on correspondence

Name Practice Address Phone

_____

_____

CONSENT TO COLLECT PATIENT INFORMATION / AUTHORISATION TO RELEASE RELEVANT MEDICAL INFORMATION TO A THIRD PARTY

This medical practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs. We will use the information you provide in the following ways:

1. Administrative purposes in running our medical practice
2. Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
3. Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice as advised by you.

I understand the reasons why my information must be collected.
I understand that I am not obliged to provide any information requested of me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.
I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure of which I may notify this practice.

Signed: _____ Date: _____

Patient Name (Please print) _____

This is **NOT** a BULK BILLING practice and unless prior arrangements have been made,
account is to be paid on the day of consultation.
We accept Cash, Cheque and Credit/Debit cards (not Amex)