



## New Patient Information Sheet

Welcome to UFS Medical Centre. Please complete the following information clearly, thank you.

### Personal / Contact Details:

Surname	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other (please state) _____
First Name	Initial
No/Street	
Suburb	Postcode
Phone (Home)	Phone (Business)
Mobile	Occupation
Email	Date of Birth

### Medicare / Veteran Affairs:

Medicare No:	Ref No:	Expiry Date:
Veteran Affairs No:		Expiry Date:

### Referral Details:

Name:	<input type="checkbox"/> Doctor <input type="checkbox"/> Physio <input type="checkbox"/> Specialist <input type="checkbox"/> Other _____
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### Next of Kin (in case of an emergency):

Name	Relationship
No/Street	Suburb
Post Code	Phone

### Guardian or Parent (only complete if Patient is a minor)

Name	Relationship
No/Street	Suburb
Postcode	Phone

### Privacy Policy

UFS Medical Centre is committed to maintaining the confidentiality of your personal health information. It is policy of this Practice to maintain the security of personal health information at all times and to ensure that this information is only available to authorised Practitioners. Information may be disclosed to other organisations where required by law or if necessary contact details may be disclosed for debt recovery purposes. We have a more comprehensive Privacy Act that you are welcome to read upon request. Please ask our Reception Staff.

### Payment Details:

- Payment in full is required at the time of consultation.
- Cash, Cheque, EFTPOS, Visa, MasterCard and Bankcard are accepted.
- The patient will accept full liability for all WorkCover and TAC claims.
- Accounts referred to a Debt Collection Agency or Solicitor will incur a debt collection fee.
- By signing this form you accept the terms and conditions above (to be signed by the person liable for the accounts)

Signed:

Date: