UFS Medical **Patient Registration**

Patient details:

Surname:	Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other		
First Name:	Preferred Name:	Pronouns:	
Email:	Gender at Birth:		
Street Address:			
Suburb:	Postcode:	Are you a UFS member? ☐ Yes ☐ No	
Phone No:	Occupation:		
Date of Birth:	Medical Centre: ☐ Doveton St ☐ Lucas ☐ Windermere St ☐ Sebastopol		

Medicare / Veteran Affairs / Health Care Card:

Medicare No:	Ref No:	Expiry Date:
Veteran Affairs No:		Expiry Date:
Pensioner / Healthcare Card No:		Expiry Date:
Ambulance Membership Card No:		Expiry Date:

Next of kin / emergency contact details:

Name:	Relationship:
Address:	Phone:

Please identify if you are of Aboriginal or Torres Strait Islander descent and your cultural background:

☐ Aboriginal	☐ Torres Strait Islander	☐ Neither
Cultural background (ethnicity):	Language spoken at home:	
Do you need a communication service? (e.g. Interpreter, Auslan, etc.): ☐ Yes ☐ No If yes, please specify _____		

Privacy Policy:

UFS Medical is committed to maintaining confidentiality of your personal information. It is the policy of UFS to maintain the security of personal health information at all times and to ensure that this information is only available to authorised persons such as UFS Medical practitioners, including our GPs, Practice Nurses and Allied Health Practitioners. Information may be disclosed to other organisations where required by law, for referral for ongoing care such as your usual GP, or if necessary contact details may be disclosed for debt recovery purposes. De-identified data may also be shared with the Western Victorian Primary Health Network and the State and Commonwealth Governments. Further information about how the Department handles personal information is in the Department's privacy policy, which you can read at: www.health.gov.au/using-our-websites/privacy.

Payment details:

- Payment in full is required at the time of consultation.
- Cash, EFTPOS, Visa and MasterCard are all accepted.
- The patient accepts 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).

I consent to receiving accounts communication from UFS in electronic form to the email address above.	☐ Yes	☐ No
I consent to receiving marketing communication from UFS Healthcare via the contact details listed above.	☐ Yes	☐ No
I am aware that failure to attend an appointment or not provide 24 hours notice to cancel will incur a non attendance fee.	☐ Yes	☐ No
Signed:	Date:	