



Queensland Specialist Centre

NEW PATIENT REGISTRATION FORM

Mr Mrs Ms Miss Dr Other:

Surname:

First Name:

Middle name:

Date of Birth: / / (DD/MM/YEAR) **Gender:**

Email Address:

Address:

Landline:

Suburb:

Postcode:

Mobile:

Next of kin:

Relationship to you:

Landline:

Mobile:

Medicare No:

Ref no Next to name:

Expiry:

Department of Veterans Affairs Card No:

NDIS No:

NDIS provider email:

Workcover Claim No:

Please list any allergies

How did you hear about us?

Have you viewed our website? Yes No



Queensland Specialist Centre

- **Please advise us of any future changes of address, phone number, next of kin etc.**

APPOINTMENTS: Your appointments and notes taken here are for treatment purposes. There could be additional costs if you need letters/forms/reports done for third parties e.g. courts, Centrelink, employers, university etc. You will need to discuss costs for completing these with your doctor/therapist.

INFORMATION: All information collected in this practice is treated as “sensitive information” to protect your privacy. Selected information may be disclosed to other health services and agencies involved in your care and management (e.g. Pathology, Radiology, Child Safety Services etc.). Due to privacy laws it is preferred that you arrange your own appointment whenever possible. Information about your care cannot be given to a third party except under special circumstances.

MEDICATIONS: It is your responsibility to make appointments and attend appointments. It is your responsibility to maintain adequate supply of medications prescribed to you and let the doctor know in your appointments if you are running out of medications. If you fail to attend appointments at Queensland Specialist Centre, it is your responsibility to follow up with your treatment with your GP/Family Doctor or any other appropriate health care provider.

EMERGENCY APPOINTMENTS: Queensland Specialist Centre offers routine outpatient services. Our service cannot provide emergency appointments. In case of any emergency, please contact medical emergency dialling 000 or proceed to your nearest hospital emergency department.

CONSENT: Please cross out any of the statements below you do not agree with:

- I consent to use my personal health information by Queensland Specialist Centre for medical treatment and health care.
- I consent to the disclosure of my personal health information by Queensland Specialist Centre to other health care providers or agencies that are involved in my care.

You can withdraw your consent regarding the above two statements at any time in the future.

Doctors in this practice at their discretion can choose to refuse treatment for certain patients.

NO SHOW /CANCELLATIONS POLICY: If you are unable to attend an appointment, please call us & rebook at least 48 hours before your appointment. All late re-bookings & missed appointments will incur a \$50 out of pocket fee payable at your next appointment.

- If you have any advice or concerns regarding services we offer, you are welcome to discuss those with our staff or practice manager.
- If you miss an appointment, you will need to call us to book another appointment.

I am happy to receive SMS reminders from the Practice: Yes No

Signature: _____ **Date:** / /
