Title (Please circle): Mr / Mrs / Ms / Mast / Miss / Dr Other:­

Given Name/s: Middle name/s:­­­­­­­­

Surname (Block Letters): DOB:

Birth Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Suburb: Postcode:

Home Phone: Mobile:

Email:

Australian YES / NO Ethnicity:

Ethnic background e.g.: Greek, Indian, Chinese, etc. This is information can be an important indication of clinical risk factors and can assist the GP's and nurses to provide relevant and appropriate care.

Aboriginal or Torres Strait Islander (please circle): YES / NO

Consent to SMS reminders (please circle): YES / NO
Consent to receive SMS reminders and important Practice notifications

Consent to Clinical Communication (Please circle): YES / NO

Consent to receive Results and Clinical messages

Consent to send Clinical Information to the YES / NO

 Australian Immunisation Register (Please circle):

Consent to receiving updates (Please circle): YES / NO

Do you consent to receive news, information about services , promotions and offers from Marlborough Medical Services Pty Ltd (ABN 68 000 224 386) (and its third-party partners) and consent to your personal or sensitive information being used for this purpose? You may unsubscribe to such communications at any time.

Personal Information Flyer Received (please circle): YES / NO
Personal information is collected in order to provide high quality care. We respect your privacy, if you would like to see a copy of our privacy policy please ask one of our staff.

By completing this form I give consent to opt in and out for health reminders eg: breast screen, cervical screen, bowel screen etc

**Please include all digits on Medicare card**

Medicare No: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Reference: \_\_ \_ Exp:

Pension No: Exp:

Concession No: Exp:

Concession Type (please circle): Health Care Card / Commonwealth Seniors Card

DVA No: Colour: Condition:

Next of Kin:

Home Phone: Mobile:

Relationship to you:

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_

***Your Privacy and Medical Records***

*In accordance with section 6(1) of the Privacy Act (1988) (cth)* ***(Privacy Act)****, all information collected in this practice is treated as ‘sensitive information’. To protect your privacy, Marlborough Medical Services Pty Ltd (ABN 68 000 224 386 ) operates in accordance with the Privacy Act and its Privacy Policy. A copy of our Privacy Policy is available free of charge from reception or on our website* [*https://goodhealth.net.au/*](https://goodhealth.net.au/)

*Your doctor uses the information you provide to manage your health care. You can assist in maintaining the accuracy of your information by advising your doctor or reception of changes in your contact details.*

*Selected information may be disclosed to various other health care providers involved in supporting your health care management (e.g. pathology and imaging provider, hospitals or other specialists).*

*You hereby acknowledge and consent to the disclosure and/or use of your personal health information by Marlborough Medical Services Pty Ltd and persons directly or indirectly involved in your personal health care or medical treatment for the purposes set out above.*

*If you have any questions regarding the management of your personal health information or need to arrange to access to your records, please ask reception or you doctor, as appropriate*

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**

***If you do not wish for this to occur , Please advise Reception of your GP.***

***Privacy Collection Statement:***

***Marlborough Medical Services Pty Ltd (ABN 68 000 224 386) collects your personal information for purposes related to (or in the case of sensitive information, directly related to) our functions or activities, including facilitating the delivery of health services to you from your health practitioners, informing you of services which may be relevant to you and to communicate with you on behalf of your health practitioner. We may not be able to facilitate the delivery of health services from your health practitioner to you if you do not provide this information. Your personal information may be disclosed to our practice, and third-party services providers. We may also share your record with other health practitioners who provide you with treatment if your original health practitioner is no longer available. Your personal information is kept private and secure, as required by federal and state privacy laws.***

***Please refer to our Privacy Policy for full details of how we handle your personal information, including how you may access and seek correction to your personal information, complain about a privacy breach and we will deal with that complaint.***

**Office use only:**Photo ID sighted? YES / NO Initial

Privacy Brochure Offered? YES / NO Initial