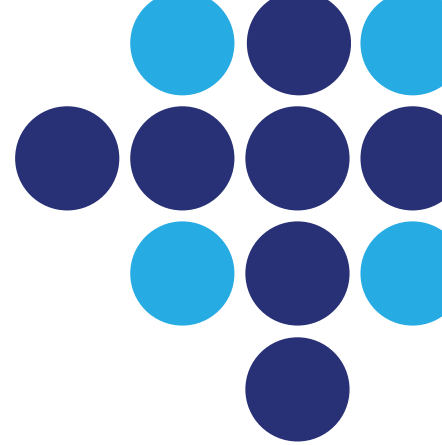


# BALWYN CENTRAL MEDICAL



Title: \_\_\_\_\_

Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Patient Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Gender: \_\_\_\_\_

Occupation: \_\_\_\_\_ Ethnicity / Nationality: \_\_\_\_\_

Medicare #: \_\_\_\_\_ IRN: \_\_\_\_\_ Expiry: \_\_\_\_\_

Are you of Aboriginal or Torres strait islander origin? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed  
☐ De-facto

I permit Balwyn Central Medical to contact me via SMS ☐ Yes ☐ No

I permit Balwyn Central Medical to contact me via E-mail ☐ Yes ☐ No

## EMERGENCY CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Details: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## NEXT OF KIN CONTACT

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Details: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Do you hold any of the below cards? If so please provide details

<input type="checkbox"/> Centrelink Health Care Card	Card Number
<input type="checkbox"/> Centrelink Pension Card	_____
<input type="checkbox"/> Centrelink Senior Health Card	_____
<input type="checkbox"/> Dept. of Veteran Affairs (DVA) Gold Card	Expiry
	_____

*I understand that Balwyn Central Medical complies with the privacy and data protection act 2014 and as part of their privacy policy they are committed to protecting the privacy of individuals and their personal information. My signature below indicates that I have read the above and consent to Balwyn Central Medical collecting, using, storing and disposing of my personal information; the release of relevant personal information to other health professionals to allow quality medical care; inclusion in a recall register to be advised of follow up visits; inclusion in national/state reminder systems/registers, medical updates and health information and the release of relevant personal information to my (prospective) employer, their authorized representative and their insurer in the case of a work related consultation or service. I understand I may withdraw my consent to Balwyn Central Medical to use and disclose my personal information (except when legal obligations must be met).*

Patient / Guardian Signature: \_\_\_\_\_

How did you hear about us? ☐ Family ☐ Friend ☐ Google ☐ Hotdoc ☐ Health Engine  
☐ Facebook ☐ Instagram ☐ Other: \_\_\_\_\_

Do you know about My Health Record? ☐ Yes ☐ No (If not, please ask our friendly reception staff)

Would you like our Clinical/Admin staff to register you for My Health Record ☐ Yes ☐ No  
(Please ask a form to fill out from Reception)

Seen by Doctor

Scanned ☐

What medical concerns do you wish to discuss with your doctor today?

P: (+61) 3 9830 2300  
F: (+61) 3 9830 2355  
bcmedical.com.au