Healthy Mind Solutions New Patient Registration Form

Date:

Personal information			
Title:	First name:	Last name:	
Mobile phone:	Home phone:	Work phone:	
Email Address:	Date of birth:	Gender:	
Address:			
Postal address (if different):			
Emergency contact/Next of kin name:	Contact number:	Relationship:	
Medicare number: __ __ __ __ __ __ __ __ __ __ __	Reference (number next to your name):		

Private health insurance		
Do you have private health insurance? ◯ YES ◯ NO	Level of cover:	
Health Insurer:	Member/policy number:	Reference (number next to your name):

Workcover and TAC	
Are you claiming under WorkCover or TAC: ◯ YES ◯ NO	Claim number:
Are you claiming under DVA: ◯ YES ◯ NO	Card type (eg. White, Gold):
Card number:	

Other relevant cinicians	
Other relevant clinician's name:	Practice name:
Clinician type:	Contact number:
Practice address:	
Other relevant clinician's name:	Practice name:
Clinician type:	Contact number:
Practice address:	

If the patient is under the age of 16 years, this form must be completed and signed by a parent or guardian.

We respect your privacy and ensure that we meet all of our privacy obligations under the Privacy Act 1988 and the National Privacy Principles.

We collect and use your personal information to help us to provide you with high quality healthcare. In some circumstances, we may share your information with third parties to support your care, including, but not limited to, pathology, imaging, allied health and other health providers. In some circumstances we may also be required by law to disclose necessary information. You can see our full privacy policy on our website, or obtain a copy from our reception team. If any of your details change, please inform us as soon as possible.

If you are unable to attend your appointment, please ensure that you provide 48 business hours' notice, or a charge to the value of 50% of your appointment fee will be applicable.

☐ Please tick if you would like to receive practice information and updates by email.

Please sign below to indicate that you have read and understood this information.

Full name:	Date:
Signature:	