DR JULIAN RODRIGUES
NEUROLOGIST

NEW PATIENT REGISTRATION

NEW PATIENT REGISTRATION

Title | Surname | Given name(s)

Preferred name | Date of birth | Occupation

Address | Suburb | Postcode

Mobile | Home Phone | Email

NEXT OF KIN

Name | Phone | Relationship

Legal Guardian ☐ No ☐ Yes

HEALTH CARE DETAILS

Medicare | Expiry | Ref. | Pension/HCC Number | Expiry

Private Health Fund | Membership number | DVA Card ☐ GOLD ☐ ORANGE ☐ WHITE

Referring Doctor | Practice

General Practitioner | Practice

How did you hear about us?

☐ GP ☐ Specialist ☐ Allied Health ☐ Support Group ☐ Friend/Family ☐ Online

☐ Other (Please specify):

FORM CONTINUES OVER PAGE ▶

PATIENT CONSENT AND SIGNATURE

PATIENT CONSENT TO COLLECT AND DISCLOSE INFORMATION

The Privacy Act of 1988 requires all health practitioners to obtain consent from their patients to collect, use and disclose patients' information.

Collection

Dr Julian Rodrigues' staff will collect information that is necessary for your treatment. Such necessary information may include:

Contact Details	Ethnicity
Full medical history	Medicare / Private health fund details
Family medical history	Billing and accounting information

The information will normally be collected directly from you however, there may be occasions when it will be necessary to collect information from other sources (e.g., specialists, health care facilities) with your prior consent.

In emergency situations, we may have to collect information from relatives or other sources without your prior consent.

Use and disclosure

With your consent we will use and disclose your information for purposes such as:

- Account keeping and billing
- To reply to your referring doctor
- Referral to another health care provider or hospital
- Practice management e.g., quality assurance, accreditation, and complaint handling
- To prevent or lessen a serious threat to an individual's life, health, or safety
- Where legally required to do so e.g., by a court, mandatory reporting
- To meet our obligations of notification to medical defence organisations or insurer

Access

You are entitled to have access to your own health records at any time convenient to all parties. A charge might be payable where the practice incurs costs in providing access. There are some circumstances in which access may be denied, but in such an event you will be advised of the reason.

APPOINTMENT CANCELLATION POLICY

Our practice requires 48 hours' notice for appointment cancellations. A fee of $100 for missed new patient appointments and a $50 fee for missed follow-up appointments will be payable prior to re-scheduling another appointment.

FINANCIAL CONSENT

Consultation fees are the responsibility of the patient/legal guardian and must be settled in full on the day of the appointment. Your Medicare claim will be processed upon receipt of payment, there will be a gap. Please speak to reception staff for an estimate of out-of-pocket costs.

By signing you acknowledge you have read and understood these terms and conditions.

Signed

Date / /

CLICK HERE TO SUBMIT THIS FORM VIA EMAIL

CLEAR FORM