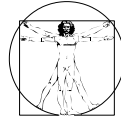


Collins Place Medical Clinic

An Accredited General Medical Practice

Phone: +61 3 9650 4218
Fax: +61 3 9650 6315



Level 3, Harley House
71 Collins Street
Melbourne VIC 3000
Australia

*In attending appointments at Collins Place Medical Clinic, I (the patient), consent to the collecting of necessary health information by the doctor (e.g. note-taking of medical history) to cater for my care. I acknowledge that parts of my health treatment may be disclosed to other health care professionals to assist treatment. Practice staff have signed confidentiality agreements as they may need to handle medical information from time to time. I accept that parts of my treatment may also be used for research purposes having all identifiers removed to maintain anonymity.
If you require access to your health records please ask reception for further information.*

As written on Medicare card: Family Name:

First Name & middle initial: Title e.g. Mr/Mrs/Ms:

Preferred Name (if different to above) : M/F:

Postal Address:

Suburb: Postcode: Date of Birth:/...../.....

Home Phone: Work Phone: Mobile:

Email address:

Medicare No: _ _ _ _ _ _ _ _ _ _ Cardholder no: _____ Expiry: /

DVA /Pension / Health Care Card (if applicable): Expiry

Occupation:..... Country of Birth:

To assist with health initiatives - Are you of Aboriginal or Torres Strait Islander origin: Y/N?

Consent to recalls/reminders eg. for immunisations, annual health checks, skin checks, pap smears. : Y/N ?

How did you hear about us?: Friend or family? Workplace?: Yellow pages on-line?.....
Chemist?..... Health professional? Google? Other?:

Private Health Cover? (Y/N) If yes, name of ins co:

Next of Kin: Contact no:
(Person to contact in emergencies)

Your Place of Work and Address:

Your Medicare rebate will go to your bank account if you record your details on file (Optional)

Account Name.....

BSB Number Account Number.....