

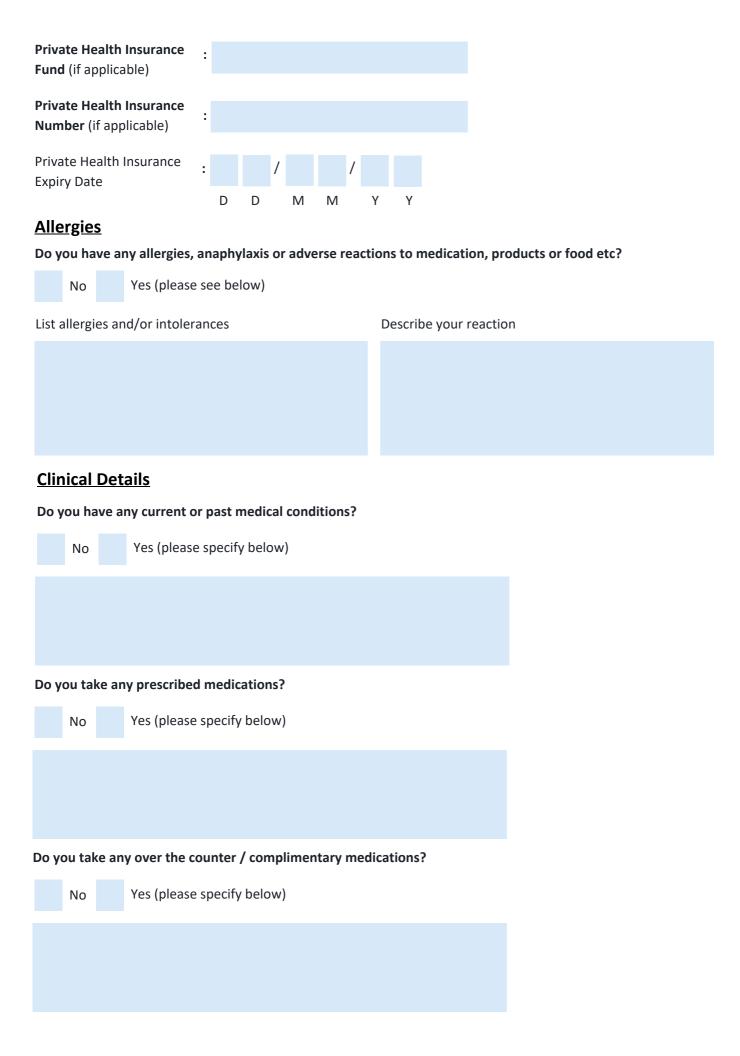
35 Queens Parade, Clifton Hill VIC 3068 | P. 03 9088 3258 | F. 03 9088 3257 admin@thecranegp.com.au | www.thecranegp.com.au

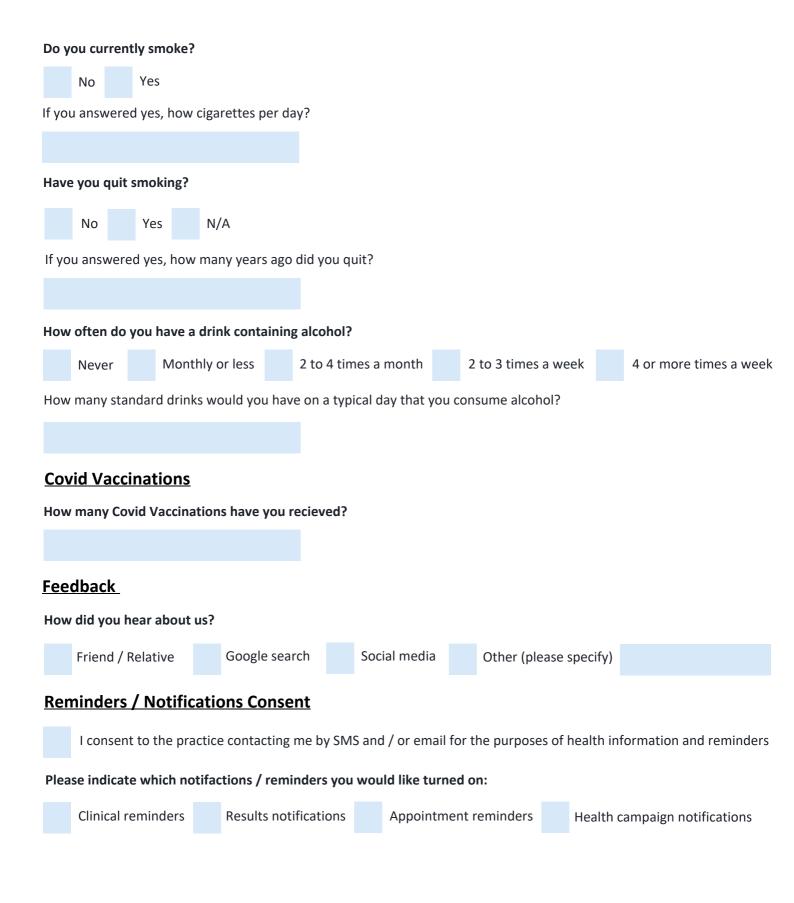
New Patient Registration Form

Personal Details

Title Given Name				Middle Name								Family Name		
Prefe	rred Nam	e	:											
Birth Sex			:											
Date of Birth			:			/			/					
Duefe	uus d Dus u		:	D	D		М	M		Y	Υ			
Preferred Pronouns														
Gender Identity														
Are you of Aboriginal or Torres Strait Islander Origin?														
	No	Yes, Abori	igin	nal		Yes	, Toı	rres S	trai	t Isla	ander	Yes, both Aboriginal and Torres Strait Islander		
Ethni	city	:												
Country of Birth														
Medicare Number			:											
Medicare Line Number			:											
Medicare Expiry Date			:			/								
				M	M		Υ	Υ	١	1	Υ			
Conce		d Type (if	:											
	ession Car olicable)	d Number	:											
Concession Expiry Date			:			/			/					
				D	D		М	М		Υ	Υ			

Please tick your DVA Card Type (if applicable): Gold White Orange	
Gold White Orange	
Home Address : Postco	de
Postal Address (if different : Postco to home address)	de
Email :	
Preferred Contact Number:	
Mobile Phone Number :	
Work Phone Number :	
Home Phone Number :	
Next of Kin	
First Name :	
Last Name :	
Contact Number :	
Relationship: :	
Emergency Contact	
Same details as above	
First Name :	
Last Name :	
Contact Number :	
Relationship: :	
<u>Demographic Details</u>	
Occupation :	





Privacy and Email Policy

We are committed to protecting the privacy of patient information and to handling your personal information in a responsible manner in accordance with the Privacy Act 1988 (Cth), the Privacy Amendment (Enhancing Privacy Protection) Act 2012, the Australian Privacy Principles and relevant State and Territory privacy legislation (referred to as privacy legislation).

Please read our current Privacy Policy on our website www.thecranegp.com.au which explains how we collect, use and disclose your personal information, how you may access that information and how you may seek the correction of any information. It also explains how you may make a complaint about a breach of privacy legislation.

From time to time, as part of our health prevention initiatives, our team may have to check your Medicare eligibility for certain items related to your healthcare such as (but not limited to) Health Assessments and Care Plans to ensure you receive your Medicare rebates.

Our Practice will take reasonable steps to ensure that your personal information is accurate, complete, up to date and relevant. From time to time, we will ask you to verify that your personal information held by our practice is correct and current. If you wish to correct or update your information, please make your request in writing to admin@thecranegp.com.au or by post to The Crane General Practice (Attn: Practice Manager), 35 Queens Parade, Clifton Hill VIC 3068.

Email can be used as a form of communication between the Practice and patients or other health providers. It is important that you let our team know if you require encryption or pin protection to any email correspondence with the Practice. For more information, please read our current Email Policy on our website www.thecranegp.com.au.

Please discuss any concerns you may have relating to our Privacy or Email policy with your GP or our Practice Manager.

By signing this registration form I acknowledge that:

- I have read and understood the Practice's Privacy Policy on the Practice's website
- I consent to the handling of my personal health information in accordance with the Practice's Privacy Policy
- I consent to the Practice checking my Medicare eligibility for items related to my healthcare as needed
- I have read and understood the Practice's Email Policy on the Practice's website

Signature of Patient or Guardian Date Signed	