

# MEDACS LARA

DOCTORS GP SPECIALISTS ALLIED HEALTH MEDICAL CENTRE  
Address: 31-33 McClelland Avenue, Lara 3212 Tel: 0370211010 Fax: 0370211011

This registration document is a mandatory official document required to be filled by the patient or guardian (if minor) and will form a part of Medicare records. It will be the sole responsibility of the patient to ensure that all the details provided are correct.

## NEW PATIENT REGISTRATION

USE CAPITAL LETTERS

### PERSONAL DETAILS

FIRST NAME:	OCCUPATION:
SURNAME:	Aboriginal or Torres Strait Islander origin: (Yes / No)
DATE OF BIRTH:	CULTURAL BACKGROUND:
SEX:	<b>NEXT OF KIN / EMERGENCY CONTACT</b>
ADDRESS:	Name:
CONTACT PHONE:	Address:
EMAIL ADDRESS:	Phone:
MARITAL STATUS:	Relationship:

### MEDICARE NUMBER:

Number: Ref: Expiry:

### CONCESSION CARD HOLDERS: HCC / DVA / Pension (Please specify)

Number: Ref: Expiry:

### INSURANCE CARD HOLDERS: (Please specify)

Number: Ref: Expiry:

### MEDICAL DETAILS

PAST MEDICAL HISTORY:	MEDICATIONS LIST:
ALCOHOL:	
SMOKING /VAPING:	
DISABILITY:	MEDICATION ALLERGIES:

PREVIOUS GP CLINIC (Name & Address):

## PATIENT DECLARATION

This **information** is **private** and **confidential**. I understand that the information will be transferred to patient's clinical history and the information will only be accessible by the treating clinical team.

In case of a **medical emergency** and if I am unable to consent, then in that case if involvement of ambulance and paramedics for medical care reasons is deemed necessary then I consent for MEDACS Lara to arrange the same.

**"My Health Record"**: By signing below I provide consent for the clinicians to contribute to the Health record where necessary. Please discuss with doctors if there is any content that you do not want shared.

**Email/Phone contact**: Provision of mobile telephone number and/or email address on this form implies consent to provide reminder or recall notifications via SMS/email, unless specifically advised otherwise.

MEDACS LARA is a **Mixed Billing Clinic** and I understand the fees structure & the charges applicable to GP and Allied health consultations.

This clinic follows a strict **"FAILURE TO ATTEND PENALTY" policy** i.e. a non-refundable charge of **\$30 (standard GP consult) and \$50 (longer GP consult)** is applied if I fail to attend an appointment or fail to provide a minimum of 2 hours notice to cancel or reschedule an appointment. It can not be exempted, unless an evidence is submitted which will be reviewed by the management.

**Recording** of consultations using electronic devices e.g. mobile is considered illegal.

Strict policy of **"NO VERBAL or PHYSICAL ABUSE towards Staff"** is followed at all times. The premises is monitored by **security cameras 24 hours/day**. The admin, management and the clinicians will reserve full rights to terminate the provision of services, in case needed.

I assign my **"Right to benefits to the PRACTITIONER** who rendered the clinical services.

### PATIENT DECLARATION

*I confirm that the details provided by me are correct, have completely understood the above statements and agree to abide by the rules and regulations of the medical centre.*

#### **SIGNATURE OF PATIENT:**

**NAME:**

**DATE:**

#### OFFICE USE ONLY

Admin Notes

(Admin stamp & Date)

This is an official document and will be scanned in patient's file. The details provided can be used for all official and medicolegal purposes, if required.

#### **Our contact details are as below:-**

**Address:** MEDACS LARA 31-33 McClelland Avenue, Lara 3212

**Tel:**  03 7021 1010 **Fax:** 03 7021 1011

**Email :** [admin@medacs.net](mailto:admin@medacs.net)

**Web:** [www.medacs.net](http://www.medacs.net)