

The Local Doctor NEW PATIENT FORM - CHILDREN

ONCE COMPLETED, PLEASE reception@thelocaldoctor.com.au

Title	Name	Surname
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Date of Birth	Male	Female	Medicare Card Number: Reference Number next to child's name: Expiry:
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Do you have a: Healthcare Card DVA Card Pension Card

Concession Card Number:	Expiry:
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Do you require an Interpreter? YES/NO

Are you allergic to anything? _____

Ethnicity/Background: Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander Non ATSI
Other

Home Address: Post Code	Parent/Guardian: Name: DOB: Phone: Relationship:	Parent/Guardian: Name: DOB: Phone: Relationship:
Phone (H):	Phone (W):	Phone (M):
Email:		

Is your Parent a Patient of ours? Yes No

Country of Birth:	Citizenship:
School:	

Emergency Details if different to Parent/Guardian

Name:	Relationship:	Phone (H): Phone (W): Phone (M):
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Patient Privacy Information: To provide a high standard of medical care, we need to collect personal information from our patients. This information is usually collected from the patient but also from family members and other health care providers. At times, some of this information needs to be shared with other health care providers or we may be legally bound to disclose information. All persons accessing your health information are bound by confidentiality. Please do not hesitate to discuss any concerns, questions or complaints about any issues related to the privacy of your personal information with your Doctor. We will be offering a service to contact you via sms regarding your recall appointments.

- At our clinic, it is policy that an appointment is required to receive your results.

Please circle to acknowledge that you have read and understood our policy **YES**

- I give permission for 'the Local doctor' to contact me via: SMS and email Yes No

We only send you SMS notifications to remind you of your appointment time

- **Are there any court orders relating to this child?** **YES** **No**

- **How did you hear about us?** Google Word of mouth Social media Walking/ driving by Flyer

Patient/Guardian Signature: _____

Date: _____

Please email to reception@thelocaldoctor.com.au