

KILMORE VILLAGE MEDICAL

Title: _____

Legal Name: _____ Preferred Name: _____

Date Of Birth: _____ Email: _____

Patient Address: _____

Phone: _____ Occupation: _____

Pronouns: _____ Gender: _____ Ethnicity / Nationality: _____

Medicare #: _____ IRN: _____ Expiry: _____

Are you of Aboriginal or Torres strait islander origin? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed
☐ De-facto

I permit Kilmore Village Medical to contact me via SMS ☐ Yes ☐ No

I permit Kilmore Village Medical to contact me via E-mail ☐ Yes ☐ No

EMERGENCY CONTACT

Name: _____ Relationship: _____

Contact Details: _____ Work Phone: _____

NEXT OF KIN CONTACT

Name: _____ Relationship: _____

Contact Details: _____ Work Phone: _____

Do you hold any of the below cards? If so please provide details

☐ Centrelink Health Care Card	Card Number
☐ Centrelink Pension Card	_____
☐ Centrelink Senior Health Card	_____
☐ Dept. of Veteran Affairs (DVA) Gold Card	Expiry

I understand that Kilmore Village Medical complies with the privacy and data protection act 2014 and as part of their privacy policy they are committed to protecting the privacy of individuals and their personal information. My signature below indicates that I have read the above and consent to Mernda Junction Medical collecting, using, storing and disposing of my personal information; the release of relevant personal information to other health professionals to allow quality medical care; inclusion in a recall register to be advised of follow up visits; inclusion in national/state reminder systems/registers, medical updates and health information and the release of relevant personal information to my (prospective) employer, their authorized representative and their insurer in the case of a work related consultation or service. I understand I may withdraw my consent to Mernda Junction Medical to use and disclose my personal information (except when legal obligations must be met).

Patient's Signature: _____

How did you hear about us? ☐ Family ☐ Friend ☐ Google ☐ Hotdoc ☐ Health Engine
☐ Facebook ☐ Instagram ☐ Other: _____

Do you know about My Health Record? ☐ Yes ☐ No (If not, please ask our friendly reception staff)

Would you like our Clinical/Admin staff to register you for My Health Record ☐ Yes ☐ No
(Please ask a form to fill out from Reception)

