

# New Patient Registration



Inner East  
Eye Surgeons

## SECTION A: PERSONAL DETAILS

### PERSONAL INFO

Salutation

First Name \*

Middle Name

Surname \*

Gender

Male  Female

Date of Birth

  

Marital Status

### ADDRESS

Address Line 1

Address Line 2

Country

Suburb & Postcode

 

State

### CONTACT INFO

Preferred Method of Contact \*

Mobile  Work  Home

Home

Work

Mobile

Do not send SMS

Email Address

## SECTION B: ACCOUNT INFORMATION

### HEALTH FUND

Health Fund

Membership Number

Customer Number

Position on a Card No

Expiry Date

  

### MEDICARE

Card  
position  
number

Medicare No:

 

Medicare Expiry Date

  

DVA

DVA No

DVA Card Expiry

**SECTION C: OTHER**

Country of Birth

Language Spoken

Occupation

Emergency Contact Name

Usual GP

Emergency Contact Number

**Privacy notice and consent:**

We take the privacy and the security of your personal information seriously. When you register as a patient and subsequently, we collect your personal information for the purpose of providing you with the best possible healthcare.

We may collect your personal information from you and from your other healthcare providers, and from any other source as required or permitted by law.

We may disclose your personal information to others, including our service providers and your other healthcare providers, as necessary for the above purpose or as required or permitted by law. For example:

- we will store your personal information on our Australian-based electronic health record system provider;
- we may disclose your personal information to your other healthcare providers such as your GP, referring doctor, optometrist, hospital, or other specialists so that they are kept well-informed, and via services such as Argus, Oculo, or Australia Post; and
- in some circumstances we may need to disclose your personal information to a relative or guardian whose details you have provided to us.

Only doctors and staff members who have a need to know your personal information will have access to it for the above purposes or as required or permitted by law.

By signing below, you consent to the collection and handling of your personal information in accordance with the above privacy notice.

**Your signature:**

**Date:**

**Your parent or guardian's signature (if you are under 18):**

**Date:**

**Print parent/guardian's name:**

If you are under 18, your parent or guardian must sign this document on your behalf. If you are aged between 15 and 18, both you and your parent or guardian should sign.