SUPERNOVA Medical Centre

14 Lavinia Drive, Tarneit, VIC 3029, Australia
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Email: info@supernovamedical.com.au

PATIENT REGISTRATION & PRIVACY FORM

First Name		**Middle Name**	
Surname		**Gender:** **Female** □ **Male** □	
Date of Birth		**Country of Birth**	
Address:		**Suburb:**	
Phone **Mob:**		**H:**	**W:**
Medicare Number:		**REF:**	**EXP:**
Healthcare□ **Pension Number**□			**EXP:**
Private Health cover	**Name:**	**Number**	**Passport** **Student ID**
Please tick box Ethnicity: ABORIGINAL □ TORRES STRAIT ISLANDER □ N/A □			
Occupation		**Email Address**	
Are you allergic or sensitive to any medications?	NO □	YES □	Please Specify:
NEXT OF KIN **Contact Number:**		**Relationship:**	
First Name:		Surname:	
EMERGENCY CONTACT Number:		**Relationship:**	
First Name:		Surname:	
HISTORY: Have you ever been a patient in a hospital?		**YES** □	**NO** □
If so, for what reason?			

Do You Smoke?	**NO**	**YES**	Number per day?	Have you smoked previously? **NO** □ **YES** □
Do you drink Alcohol?	**NO** □	**YES** □		Number per day?
Do you take illicit drugs?			**NO**	**YES**

Height		**Weight**	
Are you interested in our **Weight Loss** program? **YES** □ **NO** □			
Do you suffer from any of the following conditions?			
Asthma	Diabetes	Hypertension	Cancer
Mental Illness	Heart Disease		Chronic Illness
Are you currently taking **Any Medications**?	If yes, please specify:		

HOW DID YOU FIND OUT ABOUT US?			
Friend	Relative	Newspaper	Nurse on Call
Internet	Flyer	Driving past	Yellow Pages
Another Clinic	Facebook	OTHER (please specify):	

I am interested in a free dental check-up ☑□ ✖□

***Speak to our reception staff to know more**

Privacy Agreement & Patient Consent

I understand that Supernova Medical Centre and associated medical centers comply with the Privacy Act 1988 (Cth) 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 Supernova Medical Centre 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 for Supernova Medical Centre to use and disclose my personal information (except when legal obligations must be met). I also allow to upload My Health Record to Australian Gov. National data base system.

Supernova Medical Centre is **NOT RESPONSIBLE** for any **Fees/Charges related to any tests such as Bloods, MRI, and Ultrasound** etc. **from third parties including Dorevitch Pathology and Ambulance Services.** For details please enquire with them.

SIGNATURE_ **DATE**_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Thank you so much for providing your details. Here we will make sure to provide you **Best Healthcare.**

Office Use Only:						
	Scanned	Yes	No	**All details are Updated**	Yes	No