

Patient Information

Welcome to UFS Medical.

Please complete the following information clearly, thank you.



Bridge Mall, Doveton Street and Sturt Street

Personal / Contact Details

Surname:	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mx <input type="checkbox"/> Dr Other (please state) _____
First Name:	Initial:
No/Street:	
Suburb:	Postcode:
Phone (Home):	Phone (Business):
Mobile:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Additional identity (please state) _____ <input type="checkbox"/> Decline to state
Email:	Date of Birth:

Medicare / Veteran Affairs / Health Care Card

Medicare No:	Ref No:	Expiry Date:
Veteran Affairs No:		Expiry Date:
Health Care Card No:		Expiry Date:

Referral Details:

Name:	<input type="checkbox"/> Doctor <input type="checkbox"/> Physio <input type="checkbox"/> Specialist <input type="checkbox"/> Other _____
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Emergency Person Contact Details:

Name:	Relationship:
No/Street:	Suburb:
Postcode:	Phone:

Guardian or Parent (only complete if Patient is a minor)

Name:	Relationship:
No/Street:	Suburb:
Postcode:	Phone:

Please identify if you are of Aboriginal or Torres Strait Islander descent and your cultural background:

<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	Cultural background:
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Privacy Policy

UFS Medical Centre is committed to maintaining the confidentiality of your personal health information. It is policy of this Practice to maintain the security of personal health information at all times and to ensure that this information is only available to authorised practitioners. Information may be disclosed to other organisations where required by law or if necessary contact details may be disclosed for debt recovery purposes. We have a more comprehensive Privacy Act that you are welcome to read upon request.

Payment Details:

- Payment in full is required at the time of consultation.
- Cash, Cheque, EFTPOS, Visa and MasterCard are accepted.
- The patient will accept full liability for all WorkCover and TAC claims.
- Accounts referred to a Debt Collection Agency or Solicitor will incur a debt collection fee.
- By signing this form you accept the terms and conditions above (to be signed by the person liable for the accounts)

Signed:	Date:
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