

· The ·
**ANODYNE
 CENTRE**

PATIENT REGISTRATION FORM

GETTING TO KNOW YOU

We warmly welcome you to The Anodyne Centre. We require some information from you in order to provide you with the best quality and most comprehensive care. Our centre follows the guidelines of best practice for the management of health information in private practice. This means your personal health information is kept private and secure, as required by federal and state privacy laws.

Please notify us promptly of any changes in your contact details. Accurate contact details help us identify you and your medical records, and allow us to contact you promptly about tests and results.

SECTION A: PERSONAL DETAILS

Title	Given name	Surname				
Middle name				Preferred name		
DOB	/	/	Gender	Male	Female	Other
Occupation						
Address	Suburb			Postcode		
Postal Address	Suburb			Postcode		
Home phone	Work phone		Mobile			
Email	Preferred method of contact					
Medicare #	Ref No. (Place on card)			Expiry Date		/
Pension Card Type	Pensioner Concession Card	Health Care Card	Commonwealth Seniors Health Card			
Pension/HCC #	Expiry Date			/	/	
DVA #	DVA Card Colour		Gold	White	Lilac	Orange

If your DVA card covers certain conditions, please state condition(s):

Health Fund Health Fund #

Ref No. (Place on Card) Expiry Date /

General Practitioner Details

Name of Doctor

Practice name

Practice contact details

Other Practitioners involved in your care

Next of Kin (NOK) / Emergency Contact Details

Name of NOK

Relationship to you

Contact No.

Worker's Compensation/Insurance Claim Patients

Name of insurer

Claim No.

DOI

Claim manager

Contact No.

Contact Email

Name of person responsible for account

Postal address

Post Code

Contact No.

Contact Email

Do you have a Guardian, Administrator, Enduring Power of Attorney (EPA) and/or Public Advocate? Yes please provide details below No

If yes, please select: Guardian Administrator EPA Public Advocate

Name of person

Contact Email

Contact No.

Do you have an Advance Health Directive in place? Yes please provide a copy of the directive No

Additional Notes (more overleaf)

SECTION B: MEDICAL HISTORY

Smoking Status Non-Smoker Smoker Ex-Smoker

Do you drink alcohol Yes No If yes, select if: Occasional Moderate Heavy

Do you have any relevant physical and/or psychiatric related health issues including diabetes: Yes please provide details below No

CONDITION	ON TREATMENT: YES / NO	TREATING DOCTOR

Do you have any known medication or contact allergies?: Yes please provide details below No

PRODUCT	REACTION	SEVERITY

Are you taking any medications (including natural treatments and/or medicinal cannabis): Yes please provide details below No

MEDICATION NAME	DOSE	FREQUENCY

ADDITIONAL NOTES

Below is a brief outline of the terms of engagement and practice information related to your care through The Anodyne Centre. For more detailed information regarding these terms of engagement, please visit our website theanodynecentre.com.au/standard-terms-of-engagement. By engaging with any of the services provided by The Anodyne Centre, you are agreeing to these terms of engagement.

PRIVACY

As a provider of healthcare services it is important that you are aware of how any personal information collected by The Anodyne Centre is used. The personal information we collect is that deemed necessary to best attend to, and treat, the presenting health condition(s). Personal information is primarily used within The Anodyne Centre, but sometimes it is used to ensure quality and continuity of health care for you. This means we will use the information you provide for your health condition, administrative purposes and billing. Depending on the circumstances your personal information may be partially or fully disclosed to others outside of The Anodyne Centre for the purpose of best managing your health condition. For example, when referring you to another medical practitioner or when requesting blood tests, scans, and itemising accounts for Medicare.

FREEDOM OF INFORMATION

All patient files that include personal information, test results etc. are the property of The Anodyne Centre. However, should you choose to visit another Doctor at any time, copies of the appropriate files can be forwarded on receipt of your written request. Under no circumstance will this practice divulge personal information without your prior written consent or unless required by law.

PRACTICE POLICY PERTAINING TO CONSULTATION FEES

The Anodyne Centre is a private billing practice. If you are responsible for the account, we require payment on the day of your appointment. A receipt will be issued to enable you to claim a rebate from Medicare or alternatively your claim can be submitted electronically by our staff. For third party and Worker's Compensation accounts we require written confirmation from the third party that they will cover the costs prior to the appointment date. If this is not provided before your appointment, or if the third party does not provide payment, please be aware that you will be responsible for payment of the account. We direct bill all Department of Veteran Affairs accounts. Certain medical assessments (e.g. legal reports) are not claimable from Medicare. Consultations that exceed the expected time are charged in accordance with a higher rate. If you require any further information regarding costs please ask our reception staff.

MISSED, CANCELLATION AND LATE ATTENDANCE OF APPOINTMENT POLICY

When you make an appointment you are making a commitment to attend. As such an account will be prepared for the allotted time. This will be in accordance with the established fee structure. If you need to cancel an appointment we request a minimum of 2 business days prior notice to the scheduled appointment. This will allow other patients waiting for these appointments to make arrangements to attend. The full cost of the consultation fee will apply when a scheduled appointment is missed or cancelled within this time frame. This cannot be claimed from Medicare. The Anodyne Centre will consider reducing or waiving the cancellation fee if the reason for cancellation was considered a medical emergency. You may be required to provide certification of the medical emergency. If you are running late for your consultation then you may be seen only for the remaining period of your appointment to allow other patients the allotted time of their consultation. This may mean that your consultation may not be completed.

