

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.

SECTIO	N A: PERSONAL	DETAILS					
Title		Given name		Surnam	e		
Middle name			Preferred nam	me			
DOB	1 1		Gender	Male	Female	C	Other
Occupation							
Address			Suburb		Р	ostcode	
Postal Address			Suburb		Р	ostcode	
Home phone		Work pho	ne		Mobile		
Email			Preferred method of contact				
Medicare #			Ref No. (Place on c	card)	Expiry Da	ate	1
Pension Card Type	Pensioner Concession Card	Health Care Card	Commonwealth Seniors Health Card				
Pension/ HCC #			Expiry Date		1	/	
DVA #			DVA Card Colour	Gold	White	Lilac	Orange
If your DVA ca	ard covers certain cond	litions, please state condition(s)	:				
Health Fund			Health Fu	und #			
Ref No. (Place on Card)	Expiry Date	/					

General Practitioner Details						
Name of Doctor			Practice name			
Practice contact details						
Other Practioners involved in your care						
Next of Kin (NOK) / Emergence	y Contact Details					
Name of NOK			Relationship t	o you		
Contact No.						
Worker's Compensation/Insura	ance Claim Patients					
Name of insurer			Claim No.		DOI	
Claim manager			Contact	t No.		
Contact Email						
Name of person responsible fo	or account					
Postal address					Post Code	
Contact No.			Contact Email			
Do you have a Guardian, Adm	inistrator, Enduring Po	wer of Attorney (EPA) and	/or Public Advocat	te? Yes	please provide details below	No
If yes, please select:	Guardian	Administrator	EPA	Public Advocate		
Name of person						
Contact Email			Contac	t No.		
Do you have an Advance Hea	Ith Directive in place?	Yes please pro	vide a copy of the o	directive No		

Smoking Status Non-Smoker Smoker	Ex-Smoker				
Do you drink alcohol Yes No	If yes, select if: Occasi	ional 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 allergi	es?: Yes please provide details below	v 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.

REFERRAL POLICY

It is your responsibility to ensure your referral is up to date in order to access a Medicare rebate. Referral from another specialist lasts three months. GP referrals last twelve months unless they are marked "indefinite" in which case no further referral is required. Please check with our reception staff when your referral is due to expire. If your referral is not up to date at the time of your appointment then you will not be able to claim a Medicare rebate on your consultation fee.

PRESCRIPTION POLICY

For stimulant, opioid and other schedule 8 medications, you are required to see the doctor for your prescription renewal.

Prescriptions can be requested outside of appointments under special circumstances. Please note that not all prescriptions (e.g. opioids, stimulants and other schedule 8 medications) can be faxed and posted to your nominated pharmacy. There will be a \$22 fee for prescriptions requested outside of appointment times and must be paid for at the time of collection. Alternatively, you can request your prescriptions at the time of your consultation or consult your General Practitioner for repeat prescriptions.

REMINDER SYSTEM

The Anodyne Centre uses a reminder system to help you maintain your health. The practice sends reminders by email, telephone, voicemail and/or SMS for appointments and other health reviews.

I consent to being contacted with reminders to help me maintain my health.				
Yes	No	Preferred method of contact		

By signing below you acknowledge that you have read, understood and agreed to all information provided above regarding the privacy, freedom of information, consultation fees, appointment, referral, reminder system and prescription policies.

PATIENT AUTHORIZATION TO ACCESS MEDICAL RECORDS:

DOB	consent to The Anodyne Centre gathering information from
sess and manage my co	ondition. I consent to the handling of my information by this
d treatment, subject to	any limitations on access or disclosure that I notify this practice
access or withdraw my	consent to the use of my personal information except in some
nately be withheld.	
	sess and manage my co d treatment, subject to access or withdraw my

Date	/	1	
Name			Signature

GUARDIAN DECLARATION (IF APPLICABLE):

This is to confirm that I, and that I have legal authorisation to act on his/her behalf in rethat I approve of all details listed in this patient registration for guardian when a health care related decision is required.	, am the legal guardian of relation to all health care related decisions. I can/cannot confirm orm. I agree/do not agree to be contacted in capacity of legal
Date / /	
Name	Signature
If there are any discrepancies listed above and/or you would	like to provide any further information please provide details below:
ADMINISTRATOR DECLARATION (IF APPLICA	BLE):
This is to confirm that I,	, am the administrator of
and that I have legal authorisation to act on his/her behalf in r	relation to all financial related decisions. I can/cannot confirm that
I will be responsible for the payment, and/or authorisation of p	payment, of any health care related service(s) that are provided by
The Anodyne Centre or any of its affiliates. I agree/do not agree	ee to be contacted in capacity of administrator when prior approval
and/or payment and/or authorisation of payment is required for	or any medical service(s) provided through The Anodyne Centre.
Date / /	
Name	Signature

If there are any discrepancies listed above and/or you would like to provide any further information please provide details below: