

PATIENT REGISTRATION FORM

Given Name		Surname	
Date of Birth	Street Address		
Suburb	State	Postcode	
Home Phone	Mobile	Work Phone	
Email Address			
Occupation			
Medicare Number	Card Ref	Expiry	
Private Insurer	Member Number	Top Cover	<input type="checkbox"/>
DVA	Gold <input type="checkbox"/> White <input type="checkbox"/>	Card N°	
Referring Doctor		Contact Details	
General Practitioner Dr.		Phone	
Clinic Address		Email	
Next of Kin	Mobile		
Emergency Contact (preferably not N.O.K.)		Mobile	

Current medications (please list below or attach a comprehensive list from your GP or pharmacist)

Do you have any allergies to any medications or food products? If yes please list what you are allergic to and the reaction.



Medical Conditions (e.g. diabetes, blood clots such as DVT and P.E., any form of cancer, etc.)

Previous surgeries

Privacy

I understand that The Australian Pelvic Floor Institute (APFI) handles personal information in accordance with federal and state privacy laws. I consent to the handling of my information by this practice for the purpose of providing me with quality healthcare, which includes permitting my medical information to be obtained from any other medical service involved in my care, my medical information to be shared with other treating allied health professionals, to support in providing me with the best available healthcare. I also give permission for my information to be used for associative administrative and billing purposes.

Consent

I understand that in order to provide me with the best available treatment and care APFI may be required to perform certain non-invasive diagnostic assessment and or procedures. I hereby give consent to APFI at the discretion of the medical director to conduct such investigations and/ or procedures should these procedures be deemed essential part of my diagnostic assessment and treatment regime.

Details of APFI's terms and conditions are available to be viewed at our practice on request and on APFI's website

Print Name:

Signature:

Date