



SIA Medical Centre

Patient registration Form

We are committed in providing our patients with the best care. To do this it is essential that your health record is kept up to date and accurate.

Please assist us by completing the following:

Title: _____ First Name: _____ Surname: _____

Date of Birth: _____ Medicare Number: _____ Ref #: _____ EXP: _____

Concession Card Type: _____ Entitlement #: _____ EXP: _____

Address: _____ Suburb: _____ Postcode: _____

Contact: Mobile: _____ Home: _____ Email: _____

Emergency Contact: First Name: _____ Surname: _____

Relationship: _____ Contact Number: _____

How did you find about us? Signage word of mouth internet marketing other _____

Are you of Aboriginal or Torres Strait Islander Origin? Aboriginal Torres Strait Islander Neither

Ethnicity or Cultural Background: _____

Do you have any allergies? No Yes, please give details _____

Please list current medications: (prescription, over the counter, herbal) _____

Please list current medical condition: _____

Relevant Past/current family history: _____

Do you smoke? No Yes-How often? _____ Do you drink alcohol? No Yes- How often?

I agree that the above is a true and accurate record. I understand that Sia Medical Centre requires payment on the day of treatment. Any expenses or costs incurred by Sia Medical Centre in recovering outstanding monies including debt collection fees will be paid by the parties above. I also further acknowledge that failure to attend an appointment without notice may result in a deposit requirement before future appointment will be made and a fee charged for the cancelled appointment. Our Privacy Policy is located below.

Signature: _____ Date: _____

Privacy Statement

Sia Medical Centre respects your rights to privacy and considers all information you have provided in this form to be personal information for the purposes of the privacy act 1988.

Your medical record is a confidential document. It is the policy of this practice to maintain security of personal health information at all times and ensuring this information is only available to authorized members of staff.

Sia Medical Centre collects personal information primarily to enable us to provide health care services to you in the most appropriate efficient way.

Where possible we collect information directly from you and where that is not reasonably practicable we may collect your personal information from other sources such as health insurers, government agencies, hospitals, doctors and medical specialist.

Sia Medical Centre follows a process for collecting and transferring personal information and clinical records, please ask your medical practitioner or the Practice Manager for details and transferring records and if a fee applies with the process.

Sia Medical centre complies with the health privacy principles and National privacy principles as set out in the Health records act Victoria 2001 and the privacy act 1988. This practice acknowledges that customer feedback is an important source of customer service, please contact us via siamedical.com.au or complete a feedback form from reception.

Under the Health Services act 1987, customers with complaints should try to resolve them directly with the health provider. If a satisfactory outcome is not achieved then a complaint can be directed to the health services commissioner by writing to:

Health Services Commissioner, Level 26, 579 Bourke Street, Melbourne, 3000, Victoria, Australia Phone: 1300 582 113