



LAKES BOULEVARD MEDICAL

547 The Lakes Boulevard, South Morang VIC 3752 | T: (03) 9436 0966 | F: (03) 9436 5900 | www.lakesboulevardmedical.com

Once completed, please hand this registration form to reception

PATIENT INFORMATION

Title:	Name:	Surname:	D.O.B:
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Phone: H: M: W:	Address: Postcode:	Occupation:
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Are you Aboriginal or Torres strait islander? <input type="radio"/> Yes <input type="radio"/> No	Country of birth:
Are you of Aboriginal or Torres strait islander origin? <input type="radio"/> Yes <input type="radio"/> No	

Email:

Do you have a:

Health Care card Pension Card DVA Card Centrelink Seniors health card

Marital status:

Single Married Divorced Separated Widowed Defacto

I Give permission for **Lakes Boulevard Medical, South Morang** to Contact Me via:

SMS YES NO
EMAIL YES NO

IN CASE OF EMERGENCY

Name of local friend or relative:	Relationship:	Contact details:	Work phone no.:
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I understand that Lakes Boulevard Medical complies with the privacy Act (1988) and as part of their privacy policy they are committed to protecting the privacy of individuals and their personal information. My signature below indicates that I have read the above and consent to Lakes Boulevard Medical collecting, using, storing and disposing of my personal information; the release of relevant personal information to other health professionals to allow quality medical care; inclusion in a recall register to be advised of follow up visits: inclusion in national/state reminder systems/registers, medical updates and health information and the release of relevant personal information to my (prospective) employer, their authorised representative and their insurer in the case of a work related consultation or service. I understand I may withdraw my consent for Lakes Boulevard Medical to use and disclose my personal information (except when legal obligations must be met).

Patient/Guardian signature: _____ Date: _____

Please tell us how you have heard / known about us: Friend Flyer Newspaper Driving past Internet