Western Eye Clinics

Registration Form

Please fill in all details below so that we may register you for our clinic. If you have any questions, please feel free to ask one of our friendly receptionists for help. Thank you.

Personal Details

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Master ☐		
Surname: ds	**Given Names:**	
Date of Birth:	**Email:**	
Address:		
Suburb	**Post Code**	
Phone (H):	**(W):**	**(M):**
Medicare Card Number:	**PRN:**	**Exp:**
Health Care Card/Pension Card Number:		**Exp:**
DVA Number (If applicable):		**Exp:**

Medical Information

Are you allergic to any medications? Please list:

Doctors' Details

GP Name:	
Clinic Name:	
Clinic Address:	
Suburb:	
Clinic Phone Number:	**Fax:**

Emergency Contact Details

Name:	
Phone (H):	**Mobile:**

Private Health Insurance

Insurer:	
Member Number:	**Exp:**
Level of Health Cover:	

Marketing

How did you hear about our practice?

Local paper ☐ Online ☐ Hospital ☐ Referral ☐ Cinema advertising ☐ Facebook ☐ Other ☐

Would you like to subscribe to our newsletter? ☐ Y ☐ N

Privacy Agreement & Patient Consent

I understand that Western Eye Clinics Pty Ltd and associated Medical Centres comply 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 Western Eye Clinics Pty Ltd collecting, using, storing and disposing of my personal information: the release of relevant personal information to relevant 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 work related consultation or service. I understand I may withdrawal my consent for Western Eye Clinics Pty Ltd to use and disclose my personal information (except where legal obligations must be met).

Signature: *Date:*