NEW PATIENT REGISTRATION FORM

Please fill out the form truthfully

MR/MR/MS/MISS | FIRST NAME | LAST NAME

DATE OF BIRTH (DD/MM/YYYY) | MOBILE PHONE | HOME PHONE

ADDRESS | STATE | ZIPCODE

EMAIL | OCCUPATION

MEDICARE NUMBER | REFERENCE NUMBER | EXPIRY DATE

NEXT OF KIN OR EMERGENCY CONTACT NAME | EMERGENCY CONTACT NUMBER

EMERGENCY CONTACT RELATIONSHIP

ALLERGIES

CURRENT MEDICATION

CURRENT MEDICAL CONDITIONS

SMOKING STATUS

EXERCISE / SPORTS

Cancellation Policy

If you need to cancel your appointment, please give us at least **48 hours notice**. A **$50 fee** applies for cancellations or rescheduling requests made with less than 48 hours' notice, except in circumstances deemed necessary by the attending physician. Patients who do **not show up** for their scheduled appointment without prior notice will be charged a **$50 cancellation fee**. We understand that unforeseen circumstances can arise. Please inform us as soon as possible if you believe your situation warrants an exception to our policy. Each case will be considered individually.

Privacy Policy

All information collected by this practice is deemed to be private and confidential. The right of every patient is respected.
This practice complies with federal and Victorian privacy regulations including the Privacy Act 1988 and Privacy Amendment (Enhancing Privacy Protection) Act 2012 as well as complying with standards set out in the **RACGP Handbook for the management of health information in general practice (3rd edition).**

I HEREBY AGREE TO THE PRESENT AND FUTURE TERMS & CONDITIONS

NAME	SIGNATURE

Email - info@mafs.net.au | **Tel -** 8840-1400 | **Website -** www.mafs.net.au