OLYMPIC PARK SPORTS MEDICINE CENTRE

NEW PATIENT INFORMATION	Date:	File No:

Welcome to our practice. Please complete the following information clearly, thank you.

I am happy to receive confirmation of my appointment by way of SMS? Yes ☐ No ☐

➢Personal / contact details

SURNAME	TITLE ❑ MR ❑ MS ❑ MRS ❑MISS ❑DR
FIRST NAME	INITIAL
NO/STREET	
SUBURB	POSTCODE
PHONE (HOME)	PHONE (BUS)
MOBILE	EMAIL
DATE OF BIRTH: / /	OCCUPATION

➢Medicare/Veteran Affairs

MEDICARE NO REF NO:	EXPIRY DATE
VETERAN AFFAIRS NO	EXPIRY DATE

➢Referring practitioner details

NAME	❑ DOCTOR ❑ PHYSIO ❑ MASSEUR ❑PODIATRIST ❑ OTHER (please state)

➢Payment details NB: **24 hours notice is required for appointment changes and cancellations**

1. Payment in full is required required at the time of consultation. Cash, Cheque, Eftpos, Visa, Mastercard, Bankcard are accepted.
2. The patient will accept full liability for Workcover and TAC claims.
3. Accounts referred to a Collection Agency or Solicitor will have legal costs and commission added to the amount due.
4. Accounts overdue by more than 30 days will be subject to interest prescribed by the Penalty Interest Rate plus 2% from the date the payment is due until the date the payment is made.
5. In the event of outstanding accounts your next of kin will be contacted for payment.
6. By signing this form you accept the above terms. To be signed by the person liable for the account.

Signed by: **on this** **day of**

➢Next of kin

NAME	RELATIONSHIP
ADDRESS	SUBURB
P/CODE	PHONE

➢Guardian or Parent (Only fill out if Patient is a minor)

NAME OF PERSON PAYING ACCOUNT	
ADDRESS	SUBURB P/CODE
PHONE (HOME)	PHONE (BUS)

➢Privacy Policy

The Practitioners at Olympic Park Sports Medicine Centre use shared patient files and therefore all patient records collected at this clinic will be available to any practitioner you see at this clinic. Information may be disclosed to other organizations where required by law or if necessary for debt recovery purposes. You may gain access to information about you held by this clinic by contacting this office on 9427 0366. Should you have a problem with this please feel free to ask to speak to our privacy officer who can make alternative arrangements.