Dynamic Doctors Group
FAMILY PRACTICE - MURDOCH DRIVE

1/55 Murdoch Drive Greenfields
t: 08 9535 3244
f: 08 9534 7150
w: www.dynamicdoctors.com.au
e: admin@dynamicdoctors.com.au

NEW PATIENT REGISTRATION FORM

The Doctors and Staff are committed to Patient Care, driven by Values Expertise and Experience.
Please complete the following form. **All information will be treated confidentially.**

Section A: Personal details

Title Dr Mr Mrs Ms Miss Gender: Male Female

Surname: _____

Given names: _____ _____ _____

Known as: _____ Date of Birth: _____

Marital Status: Married De facto Single Widow Divorced

Australia is a multi-cultural society. Do you identify as being part of a particular cultural group?

(e.g. Maori, Baha'I, Jehova's Witness etc.) _____

Please indicate whether you speak a language other than English? _____

Are you of an Aboriginal or Torres Strait Islander origin: Aboriginal / Torres Strait Islander / No

Home Address: _____

Postal Address: _____

Home Phone: _____ Mobile Number: _____

Work Phone: _____ Email Address: _____

Preferred Contact method: Home Mobile Email Consent to SMS Reminder: Yes No

Occupation: _____ Employer: _____

Emergency Contact (Person we can contact locally in case of an emergency):

Name: _____ Relationship to Patient: _____

Next of Kin

Name: _____ Relationship to Patient: _____

Home Phone: _____Mobile Number: _____

Person responsible for account: _____Contact no: _____

Dr Keith Williams	Provider: 2983805F	Dr Hendrik van Rooyen	Provider: 2751395B
Dr Mirna Williams	Provider: 2991703K	Dr Vivien Dempsey	Provider: 2904495L
Dr Bryan Rostin	Provider: 233746HW	Dr Philip De Ronchi	Provider: 461018PY
		Dr Deepika Perera	Provider: 279485DF

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Guardian or Parent (must be completed if patient is under the age of 18):

Name: _____ Relationship to Patient: _____

Guardian\ Parent DOB: _____ Gender: Male Female

Home Address: _____

Home Phone: _____ Mobile Number: _____

How did you hear about us: Website / Internet Personal Recommendation Facebook

Section B: Medicare, Concession and DVA

Medicare Card No: _____ Reference No: _____ Expiry Date: ___/_____

Health Care / Pension Card: _____ Expiry Date: _____/___/_____

DVA: _____ Expiry Date: ___/_____ Gold White

Section C: Reminder and Results

Reminders: This practice takes a preventive approach to your health. You may receive a reminder letter, email or text message, or be reminded at your next consult about follow-up preventive care.

Consent: Yes No

Results: This practice will contact you when required with regards to results. We must obtain your consent for messages, i.e. telephone answering machine, mobile message bank and email or text message regarding matters involving your results.

Consent: Yes No

Section D: Privacy Policy

I acknowledge that Dynamic Doctors is a Mixed Billing Practice and I agree to pay all charges associated with services or consumables. I am aware that payment is required in full at the end of each consultation, by way of Cash / EFTPOS / Visa or MasterCard. Any accounts not paid on the day will attract an additional administrative fee. Appointments not attended, without reasonable notification, will attract a non-attendance fee.

Dynamic Doctors Group is an AGPAL accredited general practice and as such continuous care is taken to maintain the privacy and confidentiality of your personal information, as prescribed by the Privacy Act and Privacy Principles. It is the policy of the Practice to maintain the security of personal health information at all times and to ensure that this information is only available to Health Practitioners consulted within the practice and other Health Professionals involved in the management of the patient. Information may be disclosed to other organisations where required by law or if necessary, contact details may be disclosed for debt recovery purposes.

Patient Signature/Guardian/Parent:_____ Date: _____

Patient Name (Printed): _____ DOB:_____

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