

CONFIDENTIAL NEW PATIENT REGISTRATION & CONSENT

Welcome to the Mode Plastic Surgery. Our aim is to provide you with the best possible healthcare. Please complete all sections and read the Personal & Health Information Consent section at the end of this form. Should you have any queries please speak with our staff.

Title: Dr Mr Mrs Ms Miss Master

First Name(s): _____ Surname: _____

Date of Birth: _____ Email (required): _____

Sex: Male /Female Ethnicity: Aboriginal/Torres Strait
Islander Origin: Yes/No

Marital Status: _____

Address: _____ Suburb : _____ Postcode: _____

Postal Address: _____ Suburb: _____ Postcode: _____
(If different)

Phone (H): _____ (W): _____ (M): _____

We automatically send out an SMS reminder for future appointments. If you do **NOT** want to receive a SMS reminder please tick this box

Occupation: _____

Referring Doctor: _____

GP Name & Address: _____

Medicare No: _____ Position on card: _____ Expiry: _____

Concession Card: Pension Card Health Care Card DVA

Card Number: _____ Expiry: _____ Card level (DVA): _____

Private Health Fund: _____ Member No: _____

Emergency Contact

Name: _____ Relationship: _____ Contact Ph: _____

Authority to release and discuss information with (if any):

Name: _____ Relationship: _____ Contact Ph: _____

Patient Responsibility for Fees:

Please note that the patient will be responsible for payment of fees due. The consult fees are due on the day of the consult. Cosmetic procedures are required to be prepaid in full prior to the day of surgery. In some cases reconstructive procedures will also require prepayment in full prior to surgery. Our payment policy can be requested from Dr S Aggarwal's office, and will be fully discussed as part of financial consent for any procedures you may undergo.

I accept responsibility for all fees due: Name: _____ (Patient/Parent/Guardian)

Signature: _____

Personal & Health Information Consent

We respect your rights to privacy and takes our privacy obligations seriously. We comply with the Australian Privacy Principles, found under the Privacy Act 1988 (Cth). Our Privacy Policy can be obtained from:

- www.modeplasticsurgery.com.au
- Reception
- By calling 1300 80 9000

We require your consent to collect personal information and health information about you. Please read this information carefully, and sign where indicated below.

Mode Plastic Surgery, collects information from you for the primary purpose of providing you healthcare services. We require you to provide us with your personal and health information including your full medical history so that we may provide our services to you. We will also use the information you provide in the following ways:

- appropriately manage our practice, such as conducting audits and undertaking accreditation processes, manage billings and training staff;
- effectively communicate with third parties, including the Medicare Australia, private health insurers, government departments and other practitioners involved in your healthcare.

I have read the information above and understand why my information is collected and how it is used. I acknowledge that I am not obliged to provide any information requested of me, but that failure to do so might compromise the quality of care provided to me.

Patient Name: _____

Date: ____/____/____

Patient signature: _____

OR

Signed as
Parent/Guardian _____

Name: (printed) _____