

Penny Hanlon BAppSc (PHTY) Physiotherapist Women's Health

Member APA WHTA CFA

6 Hilmer Street

Frenches Forest NSW 2086

New Patient Registration Form

This practice is committed to providing patients with the best care. To do this it is essential that your health record is kept up to date and accurate.

Title (please circle): Mrs Ms Miss Dr Other:		
First Name:	Surname:	
Date of Birth:		
Address:		
	Home Phone:	
Consent for SMS appointment ren	inders 🗆	
Email:		
Medicare Number:	Ref No:Expiry Date	<u></u>
Private Insurance: Yes 🗆 No 🗆 Hea	th Fund Name:	
Membership number:		
Emergency contact:	Phone Number:	
Relationship to Patient:		
This is a private practice and the fu	Il consultation fees are payable at the end of the appointment.	

In order to comply with the Health Records and Information Privacy Act 2002 (NSW), your consent is required to collect and use personal and health information for the purposes below:

- Administrative purposes
- Billing purposes (including compliance with Medicare and Health Insurance Commission requirements)
- Disclosure to others involved in your healthcare, e.g. your GP/referring doctor, other relevant specialists
- To comply with any legislative or regulatory requirements, such as notifiable diseases.
- For reminders and recalls which may be sent to you regarding your health care and management.

You can decline to have your health information used in all or some of the ways outlined above but it may influence our ability to manage your health care to provide the best outcome for you. Please be assured that your information will be stored securely as per the Australian Privacy Principles.

l,	consent to Penny Hanlon and the practice staff to use my
information for the purposes listed above.	

Signature: _____ Date: _____ Date: _____