THE METABOLIC & ENDOCRINE CENTRE

Patient Registration Form

Personal Details

Dr ○ Mr ○ Mrs ○ Ms ○ Miss ○ Master ○ Other ○ *Please specify*

Surname

DOB

Given Name

Preferred Name (if different to Given Name)

Address

Suburb

Postcode

Phone

Mobile

Email address

By supplying an email address you consent to the practice contacting you via this method. Please supply a private email address for this reason.

Reason for attending

Please list the reason(s) for attending your appointment(s)

How did you hear about us?

☐ GP ☐ Google ☐ Friend / Relative (please provide name below) ☐ Other (please provide details below)

Account Details

Medicare Card ☐☐☐☐ ☐☐☐☐☐ ☐ Ref No. ☐ Expiry Date

Veterans Affairs Card Gold card ○ White card ○

Please tick if you have any of the following:

Pension Care ☐ Healthcare Care ☐ Private Health Insurance ☐

Account Holder *(Only for patients under the age of 18 years of age)*

Name

Relationship

For Medicare Claiming Purposes:

DOB (Account Holder's)

Medicare Card: ☐☐☐☐ ☐☐☐☐☐ ☐ Ref No. ☐ (Number to the left of your name) Expiry Date

Referring Doctor *(if you are not obtaining a referral, please list your usual Doctor)*

Name

Phone

Clinic Name

Address

Emergency Contact

Name

Relationship

Phone

Please tick any of the conditions below if you have them. If you have other conditions, please list under the section – Other Conditions.

- ☐ Allergies (please specify)
- ☐ Anxiety
- ☐ Asthma
- ☐ Cancer (please specify)
- ☐ Coeliac Disease
- ☐ Depression
- ☐ Diabetes - Type 1 or 2
- ☐ Dizziness / Fainting
- ☐ Food Intolerances
- ☐ Heart Disease
- ☐ Hernia
- ☐ High Blood Pressure
- ☐ High Cholesterol
- ☐ Irritable Bowel Syndrome
- ☐ Joint Injury
- ☐ Lung Condition
- ☐ Muscular Injury
- ☐ Osteopenia/Osteoporosis
- ☐ Recent Viral Infection
- ☐ Stress
- ☐ Stroke
- ☐ Thyroid Issues

Medical History

Other Conditions

Please list any other illnesses or Medical conditions not already previously selected.

Medication / Supplements

Please provide details of medications or supplements you are taking.

Informed Consent & Privacy Policy

I will notify The Metabolic and Endocrine Clinic (MAEC) staff if my health status should change from what was assessed at the time of this appointment, or if any health conditions or issues were accidentally omitted from a MAEC appointment or assessment as this may impact on the services MAEC staff can provide.

MAEC are a private billing clinic, by signing I agree that any appointments which have not been predefined as bulk billing by MAEC, a charge will apply for my appointment(s) and this must be paid on the day or settled within 14 days.

To provide quality health care, we need to collect personal information from our patients. All persons accessing your health information are bound by confidentiality and the privacy act. Please do not hesitate to discuss any concerns relating to the privacy of your personal information with your clinician. We seek your consent to share and discuss your case with other health care professionals should it be required for your treatment. I consent to the use and sharing of my personal health information by the clinicians involved in my treatment and health care. I consent to the disclosure of my personal health information by my clinician to other health providers directly or indirectly involved in my personal health care and treatment. Should an appointment be bulk billed, I consent to assign my Medicare benefits to the clinician at this practice, from this day onward on every instance I am bulk billed. We endeavour to keep as close to appointment times as possible but our doctors sometimes have emergencies to attend to. Your understanding is much appreciated.

Physical Activity and Gym Terms and Conditions: There is always some increased risks associated with participation in any physical activity. Should I be undertaking any physical activity with MAEC's Exercise Physiologists, MAEC take no responsibility for injuries or issues arising from my participation in sessions. If I feel any chest pains, nausea, and dizziness or feel faint whilst exercising, I must STOP all activity and inform the MAEC staff member immediately. MAEC are not responsible for any damage at my premises while I undertake Telehealth sessions. For physical face to face consultations at a MAEC premise, should I in any way cause damage to any property, structure or equipment, it is at my expense that repairs be made.

☐ I accept the Informed Consent & Privacy Policy statement.

Print Patient/Guardian Name

Patient/Guardian Signature

Date

Can you please return this completed form to The Metabolic and Endocrine Centre via one of the following methods:

Email: reception@maec.com.au

Fax: (03) 9012 4403

Mail: 639 Glenhuntly Rd, Caulfield VIC 3162