



The Australian University Health Service

**PATIENT REGISTRATION FORM**

Personal Information

Date: \_\_\_\_\_

Title:	Dr/Prof/Mr/Master/Mrs/Ms/Miss/Other		
Given Names:	Preferred Name:		
Surname:			
Address: (including postcode)	<input type="checkbox"/> On Campus <b>(please list Hall and Room No)</b> <input type="checkbox"/> Off Campus		
Date of Birth:	Day:	Month:	Year:
Gender:	Male:	Female:	Unspecified:
Phone:	Home:	Work:	Mobile:
Email:			
Medicare Card:	Number: _____	Ref No:	Expiry: / /
	(the number beside your name)		
Centrelink HealthCare Card:	Yes / No	Number:	Expiry: / /
Overseas Students:	Health Fund Name:	Number:	Expiry: / /
Marital Status:	Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/>		
Country of Birth:	Main Language Spoken:		
Are you Aboriginal or Torres Strait Islander:	Non Indigenous <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/>		
Emergency Contact: (In Australia)	Mr/Mrs: Phone:	Relationship:	
University ID No:	Student <input type="checkbox"/> Staff <input type="checkbox"/> Other _____	Graduate Status	
	ID No: _____	Expiry: / /	Under Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/>

Would you like to receive a SMS reminder the day prior to you appointment? Yes  No

**Please note: Failure to attend a booked appointment may incur a fee of \$70.00**

Please continue over page

<i>Known Allergies: What type of reaction do you experience?:</i>	
<i>Health Warnings (eg Asthma, Diabetes etc)</i>	
<i>Do you smoke?</i>	No <input type="checkbox"/> <i>Ex Smoker</i> <input type="checkbox"/> <i>Quit Date</i> <input type="checkbox"/> Yes <input type="checkbox"/> <i>Social Smoker</i> <input type="checkbox"/> <i>How many per day?</i>
<i>Do you consume Alcohol?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Frequency?</i>  <i>Would you consume six or more standard drinks at one time?</i>  Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>Do you have any concerns about your alcohol intake?</i>  Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>Do you have a 'My Health Record'?</i>  <i>Would you like your Health Summary uploaded?</i>  <i>Would you like to register for a "My Health Record"?</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/> If you are unsure what a 'My Health Record' is please ask reception for more information and a brochure.  Yes <input type="checkbox"/> No <input type="checkbox"/>

### Confidentiality and Disclosure of Information

\* If you have any concerns about signing this document, please discuss them with your counsellor, doctor or nurse at the beginning of your consultation. We are mindful that the information you provide to us as health professionals is personal and private.

The collection, storage and release of information by the Counselling and Health Centre's, as part of the Australian National University, are covered by the Privacy Act 1988 (Cth). In general, this means that no personal information about you, including the fact that you have visited the Health or Counselling Centre, will be released to anyone outside the Centre's without your consent (Please see below exceptions to the release of information).

However, you should be aware that information relevant to your care and well-being may be shared between health professionals within the Centre's, so the health professionals can work together to provide you with the best possible care.

Where you are covered by private health insurance, you authorise the University to pass on your personal information to your insurance provider for its auditing and claim purpose.

In addition, legally and ethically, the University may be required to release information in the following circumstances:

- if it is necessary to protect you or someone else from imminent danger;
- in response to a subpoena, summons or written demand from an administrative body, organisation or Commonwealth authority with the power to request the information;
- where a law requires your personal information to be disclosed, such as for the enforcement of criminal law or if you have a health condition which must be notified; or
- where you are involved in proceedings against the University.

I have read and understood this statement on confidentiality and disclosure of information.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_