

CLINIC REGISTRATION FORM – CONFIDENTIAL

FRONT

Privacy notice: Family Planning Victoria (FPV) is compliant with all requirements of the Health Records Act, Victorian & Commonwealth Privacy Legislation and the Australian Privacy Principles. We will only collect relevant information from clients for the purpose of providing a service. A copy of our Privacy Policy and our Privacy Brochure are available from reception or via our website at www.fpv.org.au

Your details:

Surname:.....	Title: Miss/Ms./Mrs./Mr./Dr.	Date of birth: / /
First name:.....	Preferred name/s:	Gender:.....

Your contact information:

Postal address: _____

Suburb: _____ Postcode: _____

Residential address (tick if same as postal address) **OR:** _____

Telephone (Mobile preferred) _____ Email: _____

Your cultural background:

<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & TSI <input type="checkbox"/> None of the above	Country of birth: _____ Language spoken at home: _____ Preferred language: _____ Are you an overseas visitor? Yes / No (If Yes, please ask about our fees policy) <input type="checkbox"/> Do you need an interpreter?: Yes / No _____ (language)
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Follow up of test results:

To ensure your privacy, please provide a password. This will be requested before we give any results over the phone.

Your password: _____

I understand I may be contacted by FPV if my results require follow-up, as per FPV follow up policies and/or protocols.

Your signature: _____

1. Preferred method of contact: _____
2. Occasionally we may need to contact you by letter. Is this okay? YES / NO
3. May we send you an SMS appointment reminder? YES / NO

For cervical screening (Pap test) clients:

YES I authorize FPV to access my cervical testing history at the Victorian Cervical Cytology Registry for the purpose of cervical screening follow up.

NO I understand that by not authorizing access to the Registry I may limit interpretation of cervical screening results by FPV clinical staff.

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Your Medicare and Concession Card details:

Medicare card number: _____ Ref No. (next to your name on your Medicare card): _____

Expiry Date: ___ / ___ / ___ (If you do not have your Medicare card with you please tell our reception staff)

Do you have any of the following concession cards? Please present your concession card to reception

- | | | |
|--|---------------|---------------------------|
| <input type="checkbox"/> Student Card | Number: _____ | Expiry: ___ / ___ / _____ |
| <input type="checkbox"/> Health Care Card | Number: _____ | Expiry: ___ / ___ / _____ |
| <input type="checkbox"/> Pensioner Concession Card | Number: _____ | Expiry: ___ / ___ / _____ |
| <input type="checkbox"/> Other: _____ | Number: _____ | Expiry: ___ / ___ / _____ |

If you are a student, are you a Domestic Student (Australian) or International Student (visiting Australia)

Fee information:

Our general doctor or nurse consultations are billed at the MBS rate, plus a Gap Fee, per appointment. This is payable in full on the day of your visit and our reception staff can assist with submitting your Medicare claim electronically at the end of your visit. After receiving any applicable Medicare rebate your out of pocket cost incurred should only be the Gap Fee. Patients 18 and under or those holding a Centrelink concession card will be Bulk Billed for general consultations. Please note that the out of pocket cost may be higher (including for 18 and under/Centrelink concession card holders) if you are accessing one of our procedural services such as an IUD insertion or Medication Abortion. Please visit our website at www.fpv.org.au for our full listing of services and related fee estimates.

Standard Gap Fee per visit: \$25

Student Gap Fee per visit: \$10

Declaration:

I undertake to inform Family Planning Victoria (FPV) if there is a change in my financial circumstances (e.g. change to concession entitlements), and understand that payment is required on the day of service.

Please read:

Training clinics: FPV has a commitment to the education and training of health professionals from external medical services (General Practitioners, Nurses). Most clinical services provided by FPV include an external clinician present for training purposes. Please advise us if you prefer not to have a clinician in training attend your appointment at the time of booking – this preference may extend the waiting period for an appointment.

Clinical research: FPV is a collaborating partner in a number of ethics committee approved clinical research trials. You may be asked to participate in a clinical research trial at FPV, participation is voluntary, non-participation in no way affects access to services or care. FPV may also use your de-identified health information for the purpose of internal audit and/or quality improvement initiatives.

Your signature here: _____ Date: ___ / ___ / _____

How did you hear about our clinic?

- | | |
|---|--|
| <input type="checkbox"/> Google search | <input type="checkbox"/> GP or health professional / nurse |
| <input type="checkbox"/> FPV website | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Friend or family | |

OFFICE USE ONLY:

FPV MRN: _____ Paper/archived file? Yes No