



Warracknabeal Dental Clinic

prompt gentle care

Patient Registration Form

Mr Mrs Miss Ms Dr Master

First Name _____ Last Name _____

Address _____

Suburb/Town _____ Postcode _____

Home Phone _____ Mobile _____

Would you like a text message to your mobile reminding you of your appointment? Yes No

Work Phone _____ Email _____ (optional)

Date of Birth _____

If child, please state Father / Mother / Guardian's name _____

If relevant, Carer name _____ Phone _____

Emergency Contact Name _____

Phone _____ Mobile _____

Who is responsible for the account? _____

Do you have private Health Insurance? Yes No Fund? _____

How did you hear about this Dental Clinic?

Family? _____ Personal Recommendation? _____

Signage Yellow Pages Web/internet Other _____

Department of Veterans Affairs Card Number _____

Are there other immediate family members who attend this clinic? If so, who? _____

Is this consultation related to Workcover or a Work related injury of Transport Accident? Yes No

Are you Aboriginal or Torres Strait Islander (for health related issues)? Yes No Decline

Are you of a cultural background other than Australian (for Health related issues)? Yes No Decline

Do you require an interpreter? If so, what language do you speak? _____

Privacy Policy - We need the information set out above in order to provide you with effective and efficient dental services. You are entitled to access your information at any time and we will keep your information confidential. If necessary, however, we may pass your information on to other health practitioners or debt collection agencies. We may also be required by law to provide your information to outside agencies. Our complete Privacy Policy is available at reception.

Terms of payment - I accept responsibility for my account and understand that the fee is payable on the day. Should I be unable to pay on the day I understand the payment is due within 30 days; if my account exceeds 30 days I understand an account keeping fee may be incurred. If my account remains overdue and is referred to a debt collection agency or solicitors, I may be held liable for the costs of such collection plus interest. I accept full responsibility for health fund claims and rejections. Any fees incurred by the practice for cheques not accepted by the bank may be passed to me.

Signed _____ Date _____