NEW PATIENT INFORMATION

APPOINTMENTS: 1300 859 887 . FAX: (03) 9420 4352 . WWW.OPSMC.COM.AU

OLYMPIC PARK SPORTS MEDICINE CENTRE

Welcome to OPSMC. Please complete the following information clearly: DATE: ..... /..... / .....

Please tick box if you would like to receive our OPSMC newsletter ☐

Personal Contact Details

SURNAME:	TITLE: ☐ MR ☐ MS ☐ MRS ☐ MISS ☐ DR
FIRST NAME:	GENDER: ☐ M ☐ F ☐ N ☐ I
ADDRESS:	DOB: / /
SUBURB: P/CODE	MOBILE:
EMAIL:	PHONE (HOME):
OCCUPATION:	PHONE (BUS):

Medicare / Veteran Affairs

MEDICARE NO: REF: (no. next to your name) EXP: /

VET. AFFAIRS NO: WHITE / GOLD: (circle) EXP: /

Next of Kin (Person To Contact In Case of Emergency)

NAME:	RELATIONSHIP:
ADDRESS:	MOBILE:
SUBURB: P/CODE:	PHONE (HOME):

Parent or Guardian (Only fill out if patient is a minor)

NAME:	PHONE:
ADDRESS:	SUBURB: P/CODE:

Referring Practitioner Details

NAME: ☐ DOCTOR ☐ PHYSIO ☐ MASSEUR ☐ PODIATRIST ☐ OTHER			
ADDRESS:	SUBURB: P/CODE:		
DO YOU WISH TO HAVE YOUR GP INCLUDED IN CORRESPONDENCE FROM YOUR VISIT? ☐ YES ☐ NO			
GP NAME:	SUBURB: P/CODE:		

How did you hear about us?

By providing OPSMC with this information, you consent for us to use it for OPSMC marketing data purposes only.

☐ PRACTITIONER REFERRAL (as above)	☐ FAMILY / FRIEND	☐ GOOGLE	☐ EVENT .....
☐ MEDIA (Newspaper / Magazine / Radio etc)	☐ SOCIAL MEDIA	☐ YELLOW PAGES	☐ COACH / CLUB / PT .....
☐ TEAM APP	☐ SIGNS	☐ WHITE PAGES	☐ OTHER .....

Privacy Policy

Olympic Park Sports Medicine Centre (OPSMC) is bound by the Australian Privacy Principles under the Privacy Act 1988 (Cth) and other relevant laws about how private health service providers handle personal information. We are committed to complying with all applicable laws which govern how OPSMC collects, uses, discloses and stores your personal information. Our Privacy Policy sets out in summary how OPSMC will handle your personal information. For further information or to receive a copy of our full Privacy Policy, visit our website: www.opsmc.com.au or ask a staff member for the Privacy Officer.

Terms and Conditions

1.) Payment in full is required at the time of consultation. This applies to all invoices including workcover and tac claims. 2.) We accept cash, cheque, eftpos, visa and mastercard. 3.) For minors, in the event of outstanding invoices, your parent or guardian will be liable for payment. 4.) Outstanding invoices overdue by 30 days will be subject to an interest charge of 10% per annum from the date the payment was due until the date the payment is made. If referred to a debt collector a further late payment charge will be added to the amount due. 5.) 24 hours' notice is required for appointment changes or cancellations, otherwise a cancellation fee of up to 100% of the original appointment amount may be charged. 6.) By signing this form you accept the above terms and conditions.

Patient Signature: .....

Date: .....

Parent/Guardian Signature: .....

Date: .....