TERENCE TAN

Suite 34 Level 3 41 Victoria Parade Fitzroy

info@ttneuro.com ttneuro.com

PATIENT REC	GISTRATION FORM		
Surname	Please use capital letters	First Name	Please use capital letters
Date of Birth	DD MM YY	Gender Identity	☐ Male ☐ Female ☐ Intersex
Residential Address			
Postal Address	Same as Residential		
Phone Number	Mobile	Phone Number	Home
Email		Occupation	
MEDICARE & HEAL	TH INSURANCE DETAILS		
Medicare Number	-	Medicare ref.	
Valid to			
Do you have Private Health Insurance?	Yes	Private Health Fund	
	☐ No	Membership Number	
EMERGENCY CONT	ACT DETAILS		
Contact Name	,	Relationship	
Phone Number	Mobile	Phone Number	Home
GP CONTACT DETA	ILS		
GP Name			
GP Clinic			

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MEDICAL HISTORY								
Have you ever been diagnosed with Diabetes?		Yes	☐ No					
Do you take any blood thinning medications?		☐ Yes	☐ No					
	if Yes , please indicate	Xeralto	Aspirin	Plavix	AsaSantin	Clopidogrel Warfarin		
Are you, or have you ever been a smoker?		Yes	☐ No					
Have you ever been diagnosed with a Bleeding Disorder?		☐ Yes	☐ No					
	Name				Dose	Frequency		
Medication								
Allergies								
PRIVACY								
Our commitment to your privacy								
Mr. Terence Tan is committed to providing quality services to you. Please refer to our Privacy Policy which outlines our ongoing obligations to you in respect of how we manage your Personal Information. You may request a copy of our Privacy Policy by writing to us at info@ttneuro.com								
We have adopted the Australian Privacy Principles (APPs) contained in the Privacy Act 1988 (Cth) ('The Privacy Act'). The APPs govern the way in which we collect, use, disclose, store, secure and dispose of your Personal Information.								
A copy of the Australian Privacy Principles may be obtained from the website of The Office of the Australian Information Commissioner at www.aoic.gov.au								
Signed			Date	<u>.</u>				