



Patient Registration and Informed Consent

Title / Pronoun: _____

First Name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode _____

DOB: _____ Mobile: _____

Email: _____

Medicare No: _____ Ref: _____ Expiry: _____

Private Health Insurance – Fund Name & Member No: _____

DVA No: _____ Gold / White Card _____

Pension Card No: _____ Exp: _____

Emergency Contact / Next of Kin Details

Next of Kin: _____ Relationship _____

Ph – Hm _____ Ph – Mob _____

Referral Details

Usual GP: _____ Suburb: _____

I consent to Midland Medical Specialists collecting, using, and disclosing my personal information as required by the Privacy Act 1988. I also permit Midland Medical Specialists to collect, use, transfer, and store clinical images for my clinical care and education, which includes x-rays, intraoperative images, and other clinical images. I authorize Midland Medical Specialists and the practitioner to claim directly from Medicare any rebateable fees incurred from my consultation. If my account remains unpaid and bulk billing services are provided, I consent to Medicare being claimed directly.

I agree to be treated as a private patient at Midland Medical Specialists and acknowledge that I am responsible for paying the full consultation fee on the day of the appointment. I understand that I am also responsible for any debt collection fees applied to overdue accounts. A fee of \$50 may be charged for cancellations made with less than 24 hours' notice or for failing to attend an appointment. Please note that Midland Medical Specialists does not accept Worker's Compensation Claims.

Our practitioners use an AI transcription service as a medical tool to assist them in accurately recording clinical notes during patient consultations. This service operates in the background, capturing only the relevant details necessary for clinical documentation. These details are then transcribed into text and sent to the practitioner's Electronic Medical Record system.

Signature: _____ Date: _____