VIBE NATURAL HEALTH
PATIENT REGISTRATION AND CONSENT FORM

PERSONAL DETAILS:

Title	☐ Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Master ☐ Other:				
First Name		Middle Name			
Last Name		Preferred Name			
Date of Birth	/ /	Birth Sex	☐ Male ☐ Female ☐ Other		
Ethnicity	☐ Australian ☐ Other (please specify):				
Is the Patient Aboriginal or Torres Strait Islander	☐ No ☐ Aboriginal ☐ Torres Strait Island ☐ Aboriginal & Torres Strait Island				
Is English your first language	☐ Yes ☐ No	If not, do you require an interpreter	☐ Yes ☐ No	If yes, Specify Language	
Residential Address					
Suburb		Postcode		State	
Postal Address					
Phone Number	Home:	Mobile:		Work:	
Email					
Contact Method	☐ Email ☐ Home Phone ☐ Mobile Phone ☐ Work Phone				
Occupation					
Emergency Contact		Relation		Phone	
Next Of Kin		Relation		Phone	

Medicare No.		Position on card		Expiry	
DVA No.		☐ White	☐ Gold	Expiry	
Pension/Health Care Card No.				Expiry	

CONSENT:

Do you Consent to SMS reminder?	☐ Yes	☐ No
Do you Consent to SMS recall & Test reminder? (No health info. Included in SMS)	☐ Yes	☐ No
Do you consent to receive updates, service info, and promotions from us and approved partners? You can unsubscribe anytime.	☐ Yes	☐ No

PARENT OR GAURDIAN DETAILS (Please complete this section if child is under 17 years of age):

Title		First Name		Middle Name			
Last Name				Preferred Name			
Date of Birth	/ /			Birth Sex			
Phone				Relationship			
Medicare No				Position on card		Expiry	

PRIVACY AND CONFIDENTIALITY STATEMENT

Vibe Natural Health complies with the Privacy Act 1988 (Cth), Australian Privacy Principles, and RACGP Standards (5th Edition). We collect and use your personal and health information to support the delivery of safe, effective care. This includes managing your medical record, appointments, pathology, recalls, legal obligations, communication with you, and coordination with other providers. De-identified data may be used for training, research, or MyHealthRecord uploads (unless you opt out).

Your information is stored securely and accessed only by authorised staff or trusted third-party providers as needed for your care. By signing this form, you acknowledge our privacy practices and consent to the use and sharing of your information as outlined. If your consultation is bulk billed, you agree to assign your Medicare benefits to the treating practitioner. To view our full Privacy Policy, please speak with reception or visit *www.vibenaturalhealth.com.au*.

I, ______________________________, understand and consent to the above Privacy Statement.

Signed: ______________________________ Date: ______________________________

PLEASE RETURN THIS FORM TO RECEPTION ONCE COMPLETED

HOW DID YOU FIND ABOUT US?
☐ Word of Mouth ☐ Google ☐ Street Signage ☐ Social Media
☐ Referred by another practitioner (please specify): ______________________________