NEXUS NEUROLOGY

Suite 42, Wexford Medical Centre
3 Barry Marshall Parade, Murdoch WA 6150
T 08 9332 2861
F 08 9312 1576
contact@nexusneurology.com.au
nexusneurology.com.au

Patient Registration

Mr / Mrs/ Miss/ Ms/ Dr/ Other

Surname: _____ First name(s): _____

Address:_____ Suburb: _____ P/code: _____

Date of Birth: _____ Email:_____

Phone (Home):_____ (Wk):_____ (Mob):_____

Occupation: _____

Next of Kin: _____ Relationship: _____ Phone:_____

Medicare no_____ Ref:_____ Exp: _____ / _____

Veteran's Affairs #: _____ White / Gold / Orange

Referring Doctor: _____

General Practitioner if different from above:_____

Person responsible for account if different to above **(ie. if *patient is a minor*)**

Name: _____ DOB: _____

(This is a private billing practice and payment on the day of consultation is required)

Consent: I understand that Nexus Neurology and the Doctors within the Group comply with the Privacy Act (1988). The purpose for collecting my personal information is to provide quality medical and health related services and associated account keeping. I understand that I have the right to request access to my information (except where access would be denied) and that Nexus Neurology and Doctors make every effort to manage my information in accordance with the National Privacy Policy. I understand that I may withdraw my consent for Nexus Neurology and Doctors to use my personal information (except when legal obligations must be met).

PLEASE NOTE
Many neurological conditions must be reported to the Department of Transport if you hold a Driver's Licence. Please visit the website https://www.transport.wa.gov.au or call 1300852722 to check if this applies to you.

I understand it is my responsibility to inform the Department of Transport if I have a reportable condition.

How did you hear about us: GP ☐ other specialist ☐ another patient/friend ☐
migrainedoctor.com.au ☐ sweatdoctors.com.au ☐ internet search ☐

THE USE OF ANY RECORDING DEVICES IS NOT PERMITTED DURING YOUR CONSULTATION

Signature: _____ Date: _____