



## Membership Registration Form

This registration form is used for several purposes. It comprises information necessary:

- to process your Co-operative membership;
- to register you as a patient;
- to form the basis of your medical record; and
- to allow us to contact you if needed, for both membership and medical purposes.

***Information provided on this form is treated as strictly confidential and will not be provided to any person or entity without your permission. Similarly, it will only be used by the National Health Co-op (NHC) for the purposes listed above. Please review our practice brochure for more detailed information in regards to our privacy obligations.***

Title:	Ms Miss Mrs Mr Master Dr Prof Other: _____	Medicare	Number:	
Surname:			Line No:	Exp:
Given Name(s):		Pension / HCC No:		Exp:
Preferred Name		Card Type:		
Date of Birth:		DVA No:		
Gender:	Male Female Other Unknown	DVA Card Type:	Gold	White
Do you wish to be recognised as: Aboriginal Torres Strait Islander Both Neither				
Home Address:				
Postal Address:				
Phone:	(H) (W) (M)			
Email:		Health Fund:		
Occupation:		Fund No:		
Religion (optional):				
Ethnicity:		Next of Kin:		
Head of Family:		Next of Kin contact:		
<b>Authorised Person:</b> I authorise the following person to act on my behalf in regards to access to my records, results and other information that may be held by the surgery. I understand I can revoke this authority at any time by contacting the surgery in writing.				
Contact Person : _____ Relationship to you:_____				
Contact Details: Ph:_____Mobile:_____Email:_____				
<b>'FAILURE TO ATTEND' POLICY:</b> A fee may be charged if you fail to attend a scheduled appointment without giving prior notice or cancel within 2 hours of a scheduled appointment. Please acknowledge you understand the above policy: <input type="checkbox"/> YES				
<b>CONSENT FOR USE OF INFORMATION:</b> I confirm that the information I have given is correct. I consent to the doctors and staff of the NHC, other treating practitioners and allied health providers exchanging all relevant information for the purpose of managing my health. I understand this information will be used by doctors and staff of the NHC to fulfil their duties in the course of my health care planning and management of my health. I consent to receiving information about my healthcare and all NHC member benefits via SMS, email and post.				
Members aged 16 years and over must sign their own registration form.				
Signature:		Date:		

## Medical, Health & Lifestyle Information

The National Health Co-op (NHC) is focused on providing the best care to you, from the most appropriate clinician. To provide this level of integrated quality care, it is essential that your health care team know as much as possible about your existing (and past) health and lifestyle. As such, all NHC clinicians involved with your care will have access to your record.

***If there are any questions you would rather not answer, please leave them blank.***

Do you have any personal or family history of:	Nominate if self or family member (e.g. mother, father, uncle, etc.)		
• Diabetes		Is your mother alive?	Yes No
• Hypertension		If no, cause of death:	
• Heart Disease		Age at death:	
• Stroke		Is your father alive?	Yes No
• Colon Cancer		If no, cause of death:	
• Breast Cancer		Age at death:	
• Depression			
• Other (please list)			
What is your marital status? (please circle)	Single Married Divorced Widowed De facto		
Are you an elite athlete? (please circle)	Yes No Sport:	Do you have a carer?	Yes No
What recreational activities do you engage in (e.g. walking, jogging) and how often?			
What previous occupations have you had?			
Do you currently drink alcohol?	Yes No	How many each day? 1 2-3 4-6 7 or more	How many days of the week do you drink? 1 2 3 4 5 6 7
Previous alcohol consumption	Nil Light Moderate Heavy	Year started:	Year ceased:
Do you currently smoke?	Yes No	Approx. how many cigarettes per day?	
Previous smoking activity	Nil Light Moderate Heavy	Year started:	Year ceased:
What prescription drugs do you take? (Please list the drug and dosage)			
What over the counter drugs do you take? (Please list the drug and dosage)			

**I acknowledge that the information provided on this form is correct to the best of my knowledge. (Members aged 16 years and over must sign their own form.)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Membership

Membership fees have been set by the Board to ensure that the principles of sustainability, equity and affordability are preserved. Our model ensures that members continue to have access to bulk billing GPs\*.

### Key Membership Facts

- Memberships are for a 12 month period from the month of commencement.
- Memberships are non-refundable.
- All memberships are individual.
- If membership has not been paid for the current year, the patient is not able to access the member benefits.
- Memberships are to be held by all patients 18 years and older.
- Children under 18 years of age will receive FREE cover under their parent/guardian's membership.
- Patients who have fail to attend a scheduled appointment without giving prior notice, or cancel within 2 hours, may incur a fee and will not be able to make further appointments until the account is paid.
- New members will pay a joining fee of \$30. Members who choose to let their membership lapse or become un-financial will be required to re-join as a new member and will incur the joining fee.
- There are two membership categories as detailed below:

Membership type	Fee	Joining fee
<b>Non-concession card holder</b>	\$10.00 per month (direct debit) OR \$100.00 per year (up front)	\$30.00
<b>Concession card holder</b> <ul style="list-style-type: none"> <li>• Commonwealth Seniors Health Card</li> <li>• Health Care Card</li> <li>• DVA Gold Card/White Card</li> <li>• Low Income Concession card</li> <li>• Pensioner Concession Card</li> <li>• Student Card (where member is aged 18-21 years)</li> </ul>	\$5.00 per month (direct debit) OR \$50.00 per year (up front)	\$30.00

\*Subject to the member holding a Medicare card. Members without a Medicare card will be charged a fee.