# My OBG

## Patient Registration Form

**Name**

**Address**

**Suburb**

**Date of Birth**

**Email**

**Phone no**

**Next of Kin**

**Relationship**

**Medicare number** **Ref no(Next to your Name)**

**Expiry date**

**Private Health fund name**

**Policy number**

# My OBG

**Referring doctor/ GP name**

**Clinic**

PRIVACY STATEMENT
The personal health information you provide during your consultation and subsequent treatment will be collected for the purpose of providing a high quality of health care. This clinic is committed to protecting your privacy and this information is generally only disclosed to other members of your treating team where necessary. It will however be disclosed to other organisations where required by law or if necessary for debt recovery purposes. You may gain access to information about you held by this office by contacting this office on 03 93678626.

**Signature**

**Date**