

Echuca Regional Health

PATIENT REGISTRATION FORM

OFFICE USE ONLY

UR NO:

PROPOSED ADMISSION DATE: / /

PROPOSED SURGERY DATE: / /

PERSONAL DETAILS

Title: Mr Mrs Miss Ms Other:

Surname:

Given Name:

Middle Name:

Previous Surname: (if applicable)

Address:

State: Postcode:

Home Phone:

Mobile:

Email:

Date of Birth: / /

Sex: Male Female Other:Gender Identity: Male Female Other:

Country of Birth:

Primary Language: Interpreter required: Y NIndigenous Status: Not A/TSI Aboriginal Torres Strait Island
 Aboriginal/Torres Strait Island A/TSI UnknownMarital Status: Married Single DeFacto
 Separated Divorced Widower

Living arrangement:

 Home alone – independent Home alone – with supports Home with others – supported Home – caring for others Supported accommodation Nursing Home/Hostel

ALLERGIES

Allergies: Yes No

Medication Allergies:

Other/Food Allergies:

PLEASE PROVIDE TWO (2) CONTACTS

NEXT OF KIN

Name:

Relationship to Patient:

Address:

Home Phone:

Mobile:

EMERGENCY CONTACT

Name:

Relationship to Patient:

Address:

Home Phone:

Mobile:

MEDICARE / DVA / PENSION

Medicare Number:

Card ID Number:

Expiry Date: / /

DVA Number:

Colour of Card:

Health Care Card No:

Expiry Date: / /

Pension Card No:

Expiry Date: / /

PRIVATE INSURANCE

Do you intend to use your Private Insurance for your Inpatient Admission? Yes No

Private Insurance Fund:

Member Number:

Level of Insurance:

GENERAL PRACTITIONER DETAILS

GP Name:

GP Practice:

Address:

Phone:

TRANSPORT ACCIDENT COMMISSION

Is this related to a traffic accident? Yes No

Vehicle Registration No:

Date of accident: / / Time of accident:

Location of accident:

Police Station contacted:

Did police attend? Yes No

TAC Number if already applied:

WORK COVER

Is this related to a work place injury? Yes No

Place of employment:

Address:

Phone:

Occupation:

Date of injury: / / Time of injury:

Comp. number if already applied:

Echuca Regional Health

VICTORIAN PUBLIC HOSPITALS ELECTION PROCEDURES INFORMATION FOR PATIENTS

The Medicare Agreement between the Commonwealth and State governments requires that you (or your agent) ELECT to be treated as a PUBLIC (non chargeable) or PRIVATE (chargeable) patient upon admission to this hospital.

A PUBLIC PATIENT

- will be treated by doctors nominated by the hospital;
- cannot choose a specific doctor to provide his/her medical treatment; and
- will not be charged for medical or hospital services.

You CANNOT choose to be a PUBLIC PATIENT if you elect

- to be treated by a doctor of your own choice; or
- to occupy a bed in a single room

A PRIVATE PATIENT

- will be treated by his/her nominated doctor(s) provided that the doctor(s) has the right to practice at the hospital; and
- will be RESPONSIBLE FOR THE PAYMENT of the hospital accommodation fees, charges for all medical services and prosthesis and dental fees.

PRIVATE HEALTH INSURANCE

- DOES NOT stop you from electing to be a public patient;
- WILL COVER full cost of shared ward accommodation but may not fully cover costs (depending on level of cover) if single room accommodation is chosen and you are not in a "front end deductible scheme".
- Medicare will cover 75% of the Commonwealth Medical Benefits Schedule fee for the medical services provided to private patients while in hospital and private health insurance will cover the remaining 25% of the fee; where a doctor charges a fee which exceeds the Commonwealth Medical Benefits Schedule fee, the patient will be responsible for paying the difference between the fee charged by the doctor and Schedule fee.
Contact hospital for further information.

COMPENSABLE PATIENTS

If you are, or may be, entitled to, (or have already received) compensation, damages or other benefits in respect of the injury, illness or disease for which you are receiving hospital care and medical treatment, all fees and charges may be met by your compensation. This includes, for example, compensation under the Accident Compensation Act 1985, Transport Accident Act 1986, Criminal Injuries Compensation Act 1983, Compensation (Commonwealth Government Employees) Act or a claim for damages at common law.

VETERANS' AFFAIRS PATIENTS

Veterans' Affairs patients are those for whom the Department of Veterans' Affairs has agreed to accept responsibility for hospital charges for the condition for which you are being admitted.

PRIVACY

Echuca Regional Health is committed to providing you with quality service, which includes protecting your privacy. Please refer to the brochure "Your Privacy is Our Concern" for a full privacy statement explaining the types of personal information we collect and how it is used; what happens to the information and how you can obtain access to your personal health record.