

**PATIENT REGISTRATION FORM**

FIRST NAMES: \_\_\_\_\_

SURNAME: \_\_\_\_\_

SEX: MALE / FEMALE (CIRCLE ONE)

TITLE: Miss / Ms / Mrs / Mr / Master / Dr (CIRCLE ONE)

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

POSTAL ADDRESS (if different from above): \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

**CONTACT PHONE NUMBERS:**

M: ( \_\_\_\_\_ ) \_\_\_\_\_ H: ( \_\_\_\_\_ ) \_\_\_\_\_

B: ( \_\_\_\_\_ ) \_\_\_\_\_ Other ( \_\_\_\_\_ ) \_\_\_\_\_

*Please note: The office uses a text messaging service to confirm appointments. Please reply 'YES' to these texts when you receive them. Alternatively, you can call the office to confirm on receipt of a text. If we do not hear from you, we will call you to confirm your appointment.*

**EMAIL CORRESPONDENCE CONSENT**

Are you happy to receive email correspondence from the office that may contain your medical information (medical notes/appointment confirmation etc)? If yes, please fill in the email address you would like us to send this information to.

EMAIL ADDRESS: \_\_\_\_\_@\_\_\_\_\_

Who referred you to Mr Gordon? \_\_\_\_\_

Who is your Family Doctor? \_\_\_\_\_ Name of Practice: \_\_\_\_\_

MEDICAL HISTORY (illness, operations, & hospitalisations): \_\_\_\_\_

MEDICATIONS (please use back of form for extensive lists): \_\_\_\_\_

DRUG ALLERGIES: \_\_\_\_\_

**ACC PATIENTS – PLEASE COMPLETE**

*If your consultation with Dr Gordon is related to an ACC claim you need to call them on 0800 101 996 and obtain the actual mechanism of injury for the claim number and date of injury you are providing us with. If we have incorrect information your treatment could be delayed.*

ACC45 Number / Claim Number: \_\_\_\_\_ Date of Injury: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Part of Body Injured: \_\_\_\_\_ (Left / Right / NA)

Description of how you injured yourself: \_\_\_\_\_

**SOUTHERN CROSS PATIENTS - PLEASE COMPLETE**

*Mr Gordon is Southern Cross Affiliated. This means we will bill Southern Cross directly for your consultation. Please complete the information below.*

Policy Number: \_\_\_\_\_ Name of Policy: \_\_\_\_\_

*You can call Southern Cross on 0800 800 181 to obtain the above information*

**Note: I understand that if this consultation is related to an ACC claim, that Mr Gordon is required to submit all medical notes related to this claim to ACC. If I have any concerns regarding this I will discuss them with Mr Gordon PRIOR to the consultation. I understand that if I do not have an accepted ACC claim I will be invoiced for my consultation. I understand that any delinquent debts will be sent to a Debt Collection Agency and information may be lodged as a delinquent debtor until such time as the full amount owing is paid. Unpaid accounts will incur collection costs if forwarded to our collection agency.**

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_