

Dr Timothy Ong
Dr Daniel Kim
Dr Hollie Speake
Dr Amrick Banwaith
Dr Nathanael Foo
Dr Hira Shah

NEW PATIENT REGISTRATION FORM

I consent for the practice to contact me via SMS for appointment reminders, recalls and other test reminders or medical services we offer *Yes / No*

Failure to Attend Policy:

By signing the form, you acknowledge the following:

- I am responsible to attend the appointment and if I am unable to do so, it is also my responsibility to notify the practice that I am unable to attend my appointment.
- An automated SMS will be sent to me the day prior to my appointment and I am responsible to respond 'Yes' or 'No' to inform the practice on my attendance.
- If I am unable to attend an appointment, I will give **at least 2 hours** notice to the practice of cancellation of my appointment to ensure that other patients have a chance of seeing the GP.
- If I fail to attend my appointment, I may be charged a failure to attend fee.

Information *To provide high standard of medical care we need to collect personal information from our patients. This information is usually collected from the patient but may be collected from family members and other health care providers with the patient's consent. At times some of the information needs to be shared with other health care providers or we may be legally bound to disclose personal information. All persons accessing your personal health information are bound to confidentiality. Please do not hesitate to discuss any concerns, questions or complaints about any issues related to the privacy of your personal information with your Doctor.*

Signature of patient or guardian _____

Date ___/___/___