REGISTRATION, PRACTICE INFORMATION AND CONSENT FORM

Title		**DOB**	
First & Middle name			
Surname			
Known name		**Maiden name**	
Sex		**Pronouns**	
Residential Address			
Postal Address			

Communications with Alana Healthcare: *Please provide your communication details below. Providing these details confirms that you consent to us communicating with you via that option, including sending email and/or SMS and/or voicemail. Email communication containing clinical information is always* ***secured****. Please whitelist our email extension* ***@alanahealthcare.xestro.com****.*

Mobile phone	
Home phone	
Work phone	
Email address	

Medicare / DVA / Private Health: *Please provide your health cover details below.*

Medicare	Do you have a **Medicare Card**? ☐ YES ☐ NO, *go to Veteran's Affairs*			
	Number		Reference	
Veteran's Affairs	Do you have a **DVA Gold Card**? ☐ YES ☐ NO, *go to Health Insurance*			
	Number		Reference	
Health Insurance	Do you have a **Private Health Insurance**? ☐ YES ☐ NO, *go to next section*			
	Fund Name			
	Member No.		Reference	

Emergency Contacts: *Providing contact details below confirms that you consent to us communicating with your nominated contact/s in the event of a medical emergency. Under privacy legislation all other non urgent communication with a nominated contact requires your written consent via a separate consent form, i.e. we cannot communicate with your partner, your mother, your sister, etc without documented consent.*

Emergency contact1	Name			
	Relationship			
	Telephone		DOB	
Emergency contact2	Name			
	Relationship			
	Telephone		DOB	

Referral to Alana Healthcare: *To be eligible for Medicare rebates you must present a valid referral letter* ***PRIOR*** *to your appointment. Following your appointment, a report will be sent to your referring doctor. If you do not want correspondence sent to your referring doctor, you will need to provide us with a new referral.*

- *Referral from a GP is valid for 12 months from the date presented, for a single course of treatment.*
- *Referral from a Specialist is valid for 3 months from the date presented, for a single course of treatment.*

Referral and Usual GP	Do you have a **Referral Letter**? ☐ YES ☐ NO	
	Referrer Name	
	Address	
	Telephone	

	Is your Referring Doctor your **Usual GP**? ☐ YES ☐ NO, *complete **Usual GP** details below*	
	Usual GP Name	
	Address	
	Telephone	

Consent: *Signing below indicates that you have read and understood the following policies that apply at Alana Healthcare.*	
Privacy Policy	Our privacy policy and statement about the collection and use of your information is available at https://www.alanahealthcare.com.au/wp-content/uploads/2025/06/Privacy-Policy.pdf
Cancellation Policy	Our cancellation policy and details about cancellation fees is available at https://www.alanahealthcare.com.au/wp-content/uploads/2025/06/Cancellation-Policy-for-Patients.pdf
Third Party Services	Information about referral to third party services is available at https://www.alanahealthcare.com.au/wp-content/uploads/2025/06/Referral-to-Third-Party-Services.pdf
Research Consent	You may be contacted to invite you to participate in research, or to request your permission to use your health information for research purposes, or to evaluate the service and/or medical treatment that you have received. If you **DO NOT** consent to be contacted, please tick here ☐
Fertility Services transfer of records	Patients attending for fertility services who proceed to IVF/ART will have their file transferred to Monash IVF for continuation of their care. This includes, but is not limited to, your referral, consultation notes, ultrasounds, pathology results and any other fertility related interventions relevant to your care.
Informed Financial Consent	Our consultation fees are available at https://www.alanahealthcare.com.au/about/consult-fees/ **Medical consultations are charged in 15 minute blocks or part thereof.** The fees outlined in the link are an **estimate** of the cost of a consultation with one of our practitioners. Any services required in addition to this, including procedures (such as colposcopy, vulvoscopy, IUD insertion), pathology, imaging or any other associated costs, are separate and in addition to the above. **All fees are payable on the day of service**. Patients accessing **Telehealth** will be required to **prepay** for these services. To be eligible to claim a Telehealth service with Medicare, you must still have a valid referral letter presented PRIOR to your appointment, along with a signed copy of this document prior to your appointment. We will then issue your invoice and submit your claim to Medicare on your behalf. All face to face services are **payable on the day**. With your permission we will submit your claim to Medicare on your behalf. As with any medical service, circumstances may arise during the consultation where it may be necessary to arrange additional medical services and if this happens there may be additional costs to you that are not covered by this estimate (see Third Party Services above). The fees outlined are for provision of medical services only. A separate charge will apply for administrative services including, but not limited to, the provision of a medical report, provision of medical records for insurance, claim or other purposes, reprint of a prescription, or reprint of a request form. Fees will be advised at the time of making the request. Medicare rebates DO NOT apply for administrative services. Please note, our fees increase marginally each 1st January.

YOUR ACKNOWLEDGEMENT I have read and understood the information contained or linked in this form and agree to abide by the policies of Alana Healthcare. I reserve the right to change my consent at any point on written request. I understand that my acknowledgement of the above will be recorded in my Electronic Health Record.

Your signature	**Today's date**
If you are signing on behalf of the patient, please complete the below. *Evidence of Enduring Power of Attorney (Medical Treatment) or Guardianship Orders may be required (if applicable).*	

Firstname:	**Lastname:**	**Relationship:**

Please note: this form will require renewal at least every 2 years to maintain currency. If any of your details change in the interim, please notify us immediately.