



Sydney Spine Institute

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New Patient Registration Form - Sydney Spine Institute

This form will take about 5 minutes to complete.

To complete this form you may need:

- *Medicare card*
- *DVA card*
- *Pension card*
- *Referral letter*

Please make sure you have any relevant items ready before you begin.

All fields marked with an asterisk (*) are required.

Personal Information

Title *

☐ Miss

☐ Ms

☐ Mrs

☐ Mr

☐ Dr

☐ Other

Name *

First Name

Last Name

Preferred Name

Gender *

☐ Female

☐ Male

☐ Other

Date of birth *

Day

Month

Year

Occupation

Address *

Street Address

Street Address Line 2

City

State

Post Code

Mobile phone *

Area Code

Phone Number

Home phone

Area Code

Phone Number

Email

example@example.com

Emergency Contact Information

Name *

First Name

Last Name

Relationship *

Contact Number *

Phone Number

Area Code

Insurance Information

Do you have a Medicare card? *

- ☐ Yes
☐ No

Medicare card number *

Enter your 10-digit medicare number

Position on medicare card *

e.g. 1

Medicare card expiry date *

MM-YYYY

Do you have a DVA card? *

- ☐ Yes
☐ No

DVA card type *

- ☐ Gold
☐ White

DVA card number *

DVA card expiry date *

MM-YYYY

Do you have a pension card? *

☐ No

Pension card number *

Pension card expiry date *

Day Month Year

Do you have private health insurance? *

☐ Yes

☐ No

Health Fund name

Membership number

Is this consultation related to a work or motor vehicle accident? *

☐ Yes

☐ No

Type of accident *

☐ Work

☐ Motor vehicle

Date of injury *

Day Month Year

Claim Number *

Case manager name *

First Name Last Name

Case manager phone number *

Area Code

Phone Number

Case manager email

example@example.com

Do you have a Rehab Provider involved in your care? *

- ☐ Yes
☐ No

Rehab Provider Name

Do you have an Occupational Physician involved in your care? *

- ☐ Yes
☐ No

Occupational Physician Name

Do you have a Physiotherapist or Exercise Physiologist involved in your care? *

- ☐ Yes
☐ No

Physiotherapist or Exercise Physiologist Name

Referring Doctor & GP Information

Referring Doctor Name *

First Name

Last Name

Referring Doctor Phone *

Phone Number

Area Code

Referring Doctor Address *

Street Address

Street Address Line 2

State / Province

Postal / Zip Code

Is the referring doctor the same as your regular GP? *

- ☐ Yes
☐ No

GP Name *

First Name

Last Name

GP Phone Number *

Area Code

Phone Number

GP Address *

Street Address

Street Address Line 2

State / Province

Postal / Zip Code

How did you find out about our practice? *

- ☐ Family/friend recommendation
☐ Saw on the street

- ☐ Social media
☐ Referral from health professional
☐ Google or other online source
☐ Other

Do you consent to receiving SMS reminders, messages and emails from our practice regarding your appointment or other administrative matters? *

- ☐ Yes
☐ No

Workers' Compensation & CTP Insurance Disclosure Consent

By ticking this box, I authorise Sydney Spine Institute to disclose relevant clinical information such as consultation letters, progress updates, and treatment plans related to my work or motor vehicle injury to the insurer (and their nominated case manager/representatives). I understand this information is disclosed to facilitate the management of my claim, funding approvals, and my rehabilitation/return-to-work plan in accordance with SIRA guidelines. *

- ☐ I consent to the disclosure of my claim-related health information

Consent to AI-Assisted Clinical Documentation

Some of our clinicians use secure AI-assisted medical documentation tools, such as Heidi Health and i-scribe, to assist with clinical notes during consultations. These tools help clinicians focus more on the consultation and less on manual note-taking. The software transcribes the conversation to assist your clinician in preparing accurate medical records. All clinical notes are reviewed and verified by your clinician before being added to your medical record. Your information is handled securely and in accordance with Australian privacy laws. Participation is voluntary, and you have the right to withdraw your consent at any time.

Do you consent to your clinician using AI-assisted medical documentation software (such as Heidi or i-scribe) during your consultation? *

- ☐ Yes
☐ No

Cancellation Policy

By signing this form, I acknowledge the practice's cancellation policy, and agree that:

1. If I am unable to attend my appointment I will give 24 hours' notice of my cancellation
2. If I do not cancel my appointment with 24 hours' notice, I will be charged the fee of my missed appointment
3. In the event that my accounts are outstanding longer than 45 days, I will be responsible for any additional

Privacy Statement

We are committed to protecting the confidentiality of your personal information and health records. By signing this form, you:

1. Acknowledge that we, Sydney Spine Institute, and our service providers, will collect your personal and health information to enable us to provide you with our health services and any related communications (for example, to manage your appointment bookings);
2. Consent to our using or disclosing your personal information for purposes directly related to your care and treatment, or in ways that you would reasonably expect that we may use it for your ongoing care and treatment, e.g. disclosing your results to your GP, specialist, other doctor or allied health professional involved in your healthcare; and
3. Consent to our handling of your personal information in accordance with our Privacy Policy (you can access our Privacy Policy on our website, or by asking us for a copy).

Patient Declaration and Signature

I confirm that the information provided in this registration form is accurate to the best of my knowledge. By signing below, I acknowledge the declarations and terms set out above.

Patient full name

Date

Electronic signature

Add your signature here using Adobe Acrobat Reader: Fill & Sign.
You can draw, type or insert your signature, then save the PDF.

Alternatively, print the form and sign in the box above by hand.