UPDATE PERSONAL DETAILS

If your details have changed, or you want to check we have the correct information on file, please complete this form and return it to the receptionist.

Surname: ..... Given Name: ..... DOB: .....

Address (Home): ..... Address (Postal): .....

Phone (Home): ..... (Work): ..... (Mobile): .....

Email: .....

Next of Kin (name): ..... Relationship: .....

Next of Kin Ph (home): ..... (Work): ..... (Mobile): .....

Emergency Contact (name): ..... Relationship: .....

Emergency Contact Ph (hm): ..... (Work): ..... (Mobile): .....

Medicare Card Number: ..... Ref: ..... Expiry: .....

Concession Card Type: ..... Card Number: ..... Expiry: .....

Signature: ..... Date: .....

Other Family Members to be updated to the above details:

Surname: ..... Given Name: ..... DOB: .....

Surname: ..... Given Name: ..... DOB: .....

Surname: ..... Given Name: ..... DOB: .....

*Tick this box if you do **NOT** wish to receive SMS reminders regarding appointment times and recalls* * OPT OUT of SMS: ☐

SMS reminders are sent directly from Total Health – therefore your information is NOT shared with a third party