



Client Registration and Consent Form

When you first come to Danila Dilba, we will ask you to fill in this registration and consent form.

Aboriginal and Torres Strait Islander staff are always here to help you, including helping you with this form.

The information you give us means we can start a client record for you. We use the electronic patient record system called *Communicare*. The information helps us to correctly identify you and make sure that we keep all your important health information together. This paper form is then destroyed.

To treat you safely, there is some information we need to identify you. Mandatory information includes:

- Name
- Date of birth
- Your address
- An emergency contact
- Identification card or document.

With any consent forms you are allowed to say “no” to giving information and you are also allowed to change your mind later and take away your consent. You are also allowed to ask to look at the information we have recorded about you.

It is your choice how much information you give us. It is also your choice how we use the information. If you do not give us correct personal information, we may not be able to correctly identify you and link you to your past visits and care.

We keep your personal information secure, private and confidential. We will not give it to anyone else without your permission unless there is a serious threat to your health or safety or unless the law says we must.

Privacy Notice

Your personal information is protected by law, including the *Privacy Act 1988* and the *Australian Privacy Principles*. Danila Dilba Information Security Policy and our Confidentiality Policy comply with these laws.

Danila Dilba is required to share anonymous health information with the Health Department and may also share anonymous information with other organisations for the purpose of quality improvement, research and planning of future programs and services



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Personal Information				
Name:				
Date of Birth:	Female: <input type="checkbox"/>	Male: <input type="checkbox"/>	Other: <input type="checkbox"/>	
Country/Place of Birth:				
Language Spoken at Home:			Tick if you would like an interpreter <input type="checkbox"/>	
Background (please tick)	Aboriginal: <input type="checkbox"/>	Torres Strait Islander: <input type="checkbox"/>	Non-Indigenous: <input type="checkbox"/>	
Residential Address / Home Community:				
Postal Address:				
If you do not live in Darwin, where do you stay when visiting?				
Mobile phone:	Home phone:		Work phone:	
Email:				
Preferred method of contact	Phone call: <input type="checkbox"/>	SMS: <input type="checkbox"/>	Email: <input type="checkbox"/>	Letter: <input type="checkbox"/>

Parent/Guardian/Carer Information (if applicable)		
Name:		
Relationship to the client:		
Tick if you would like an interpreter <input type="checkbox"/>		
Address:		
Mobile phone:	Home phone:	Work phone:
Email:		

Emergency Contact Information		
Name:		
Relationship to the client:		
Address:		
Mobile phone:	Home phone:	Work phone:
Email:	Preferred method of contact:	

Health Information	
Do You have any allergies:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
If yes, please give details: _____	

Medicare and Health Benefits Information		
Medicare Number:	Expiry Date:	Ref No:
Health Care Card Number:	Expiry Date:	Ref No:
Pension Card Number:	Expiry Date:	Ref No:
Department of Veteran Affairs Number:	Expiry Date:	Ref No:

Client Consent (please circle)		
I give consent for Danila Dilba Health Service to:		
Contact me to remind me to see a Doctor, Aboriginal Health Practitioner or Nurse	Y	N
Register me for Closing the Gap PBS Co-Payments ¹ to help with the cost of medications	Y	N
Claim Medicare to help pay for my health care	Y	N
Share my health information to other health care providers involved in my care	Y	N
Upload information to MyHR	Y	N
I understand that I can stop my consent at any time by telling someone or by writing to Danila Dilba.	Y	N

Name	
Signature of client (or parent / carer / guardian if patient is under 15):	
Date	

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January 2024

¹ Indigenous patients only.