

# CASUAL/VISITOR PATIENT FORM

\*Compulsory Fields. Must be Filled | Anyone over age of 16 years must complete their own enrolment form

<b>TITLE:</b>	<b>FIRST NAME(S): *</b>	<b>FAMILY NAME: *</b>	<b>NHI: (Office Only)</b>
<b>OTHER NAMES KNOWN BY (e.g. maiden name)</b>		<b>PREFERRED NAME:</b>	<b>GENDER: *</b> MALE FEMALE GENDER DIVERSE: Please State:
<b>DATE OF BIRTH: *</b> DAY      MONTH      YEAR  ____ / ____ / ____		<b>RESIDENTIAL ADDRESS: *</b>	
<b>EMAIL *</b>			
<b>CONTACT * NUMBER</b>			
<b>EMERGENCY * CONTACT (NEXT OF KIN)</b>	<b>FULL NAME:</b>	<b>RELATIONSHIP:</b>	<b>CONTACT NUMBER</b>

<b>YOUR DOCTORS * NAME/SURGERY NAME</b>	
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<b>Signatory Details</b>	<b>*Signature</b>	<b>*Day / Month / Year</b>

<p>I acknowledge that I have reviewed the relevant fees displayed/provided to me for services rendered. I acknowledge that all fees must be paid in full on the day of service.</p> <p>An administration fee will be added to all outstanding accounts at the end of each month. A further fee will be incurred if the overdue amount is sent to the Debt Collector including their collection fee.</p>	<input type="checkbox"/> Tick Here
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<b>How did you come to find Northpoint Medical Centre?</b>					
<input type="checkbox"/> Website	<input type="checkbox"/> Google	<input type="checkbox"/> Facebook	<input type="checkbox"/> Walking by	<input type="checkbox"/> Friend/Family/Colleague	
<input type="checkbox"/> Marketing by Northpoint		<input type="checkbox"/> Other (please state) :			