

haley brooke

New Patient Form

Given Name/s	
Surname	
Preferred Name	
Date of Birth	
Address	
Phone Number	
Email	

Emergency Contact

Emergency Contact Name	
Emergency Contact Number	
Relationship	

Consent

I agree to allow Haley to use my information according to the Privacy & Confidentiality Statement. I understand I can, at any time, read the Privacy & Confidentiality statement located on the website 'Resources' page of the haleybrooke.com.au website.

please tick if you agree.

Financial Statement

I have been given a copy with this registration form, of Haley Brooke's Fee Schedule of and understand these may apply to any/ all services. I have read the methods of payment and understand I will be expected to pay via these methods.

please tick if you agree.

Photo Consent

I understand that during my service the nurse may need to document my care in the form of taking photos and will ensure all information is stored securely and in accordance with the Privacy and Confidentiality Statement.

please tick if you agree.

Client or Guardian Signature	
Date:	