

NEW PATIENT FORM

We need this information to provide the best quality care. Our practice follows the guidelines of the Royal Australian College of General Practitioners handbook for the management of health information in private medical practice. This means we keep your personal health information private and secure, as required by federal and state privacy laws. If you have any questions or concerns, please leave blank and discuss with your GP.

Family Name		
Given Names		
Preferred Name		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> other	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of Birth	-- / -- / ----	
Country of Birth?		
Do you identify as an Aboriginal or Torres Strait Islander?	<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both	
Do you identify with another culture?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, other cultural background?	
Is English your first language?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No Language?	
Home Address		
Postal Address (if different to home)		
Telephone Numbers (tick preferred no.)		
<input type="checkbox"/> Home	<input type="checkbox"/> Mobile	<input type="checkbox"/> Work

Government Cards

Medicare Number	----- Ref _	Expiry __ / __
DVA Card Number	-----	Expiry __ / __
Health Care Card	-----	Expiry __ / __
Pension Card Number	-----	Expiry __ / __
Commonwealth Seniors Card	-----	Expiry __ / __

Emergency Contacts

Next of Kin	Name	
	Relationship	Telephone
Emergency Contact	Name	
	Relationship	Telephone

Known Allergies None Yes Please provide details

Patient Signature

Date __ / __ / ----

PATIENT CONSENT

For Practice Communications

The purpose of this form is to inform you and seek your consent to the use and disclosure of your personal information (including health information) in regards to our reminders and notifications systems within our practice.

This general practice is committed to providing our patients with quality health care. As part of our commitment, we have implemented technology solutions to enable communications with our patients via SMS.

In keeping with our obligations under Privacy Act 1988 (Cth) and Australian Privacy Principles and under State and Territory health records legislation, we wish to inform you of the purposes for which we may use your personal information and how we may use and disclose your personal information (including health information). Please refer to our privacy policy or privacy statement for more information generally on the management of personal information (including health information) by this general practice.

In addition to other communications we may send you from time to time, we may also send you the following types of communications:

1. **appointment reminders** - notifications to you to remind you of upcoming appointment dates with the practice as well as allowing you to confirm your appointment; Yes No
2. **clinical reminders** - notifications to you to remind you to contact the practice to arrange appointments for regular clinical check-ups, medical procedures, immunisations due; Yes No
3. **clinical communications** - communications to you about your clinical care at the practice such as returned pathology results or clinical messages from the medical practitioner; Yes No
4. **health awareness** - communications to you in relation to general health care information and health care services provided by this general practice including notification about changes to our clinic opening hours, and information about health care services provided by this general practice.

As part of the provision of health care services to you, we will send you appointment reminders, clinical reminders and clinical communications from time to time. We may also send you health awareness information if you have consented to receive such communications below. We may use third party service providers (which may be located outside of this State or Territory) and disclose your personal information (including health information) to them, to assist us in sending you the above communications.

To the extent practicable, we will send you communications via your preferred contact method indicated below. However, you acknowledge that we may contact you using any of your contact details that you may provide to us from time to time as we consider appropriate.

Acknowledgements and Consent

I acknowledge and agree that, in the course of providing health care services to me, the general practice may need to use and disclose my personal information (including any health information) as set out in this form.

I wish to receive health awareness communications (as described above) and I hereby specifically consent to the use of my personal information (including any health information) by this general practice to assess the types of health awareness communication it sends me and specifically consent to receipt of such health awareness communications.

Yes No

My preferred contact method for all communications is:

Phone Letter SMS

I acknowledge that the practice will use contact details provided by me (as updated by me from time to time) to communicate with me. To the extent that the mobile number I have provided to this general practice is utilised by more than one patient, I understand and consent that all SMS and phone communications will be directed to that number.

Please complete and sign below if you understand and agree to the acknowledgements and consent set out above.

Patient Name: _____
Parent/Guardian

Name (if Patient is under 16) _____

Signature: _____

Date: _____