

New Patient Form

How did you hear about us?

We need this information to provide the best quality care. Our practice follows the guidelines of The Royal Australian College of General Practitioner's handbook for the management of health information in private medical practice. This means your personal health information is kept private and secure, as required by federal and state privacy laws. If you have concerns, please leave blank and discuss with your GP. This form complies with the RACGP Standards for general practices.

Title	Surname	Given Name
DOB	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Medicare number:		Ref no: Expiry date: / /
<input type="checkbox"/> Pension, <input type="checkbox"/> Health care card, <input type="checkbox"/> Vet Affairs number, <input type="checkbox"/> Commonwealth Senior Health Card Number:		Expiry date: / /
Occupation: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired but formerly working as:		
Home address		
Postal address		
Phone (Home)	(Work)	(Mobile)
Email		

Next of Kin	Mobile	Relationship to you
Emergency Contact As Above <input type="checkbox"/>	Mobile	Relationship to you

Knowing your cultural background can help us provide healthcare that meets your individual needs.

Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No	Ethnicity:
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both	Language spoken at home:
	Do you require an interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No

List allergies and intolerances to medications: <input type="checkbox"/> No Known allergy.	Smoke? <input type="checkbox"/> No <input type="checkbox"/> Yes ___ cig/day <input type="checkbox"/> Occasional
	Alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes ___ SD/day <input type="checkbox"/> Occasional

List regular medications and doses:	Weight:
	Height:

Your Personal Health Information and your Medical Records may be collected, used and disclosed for the following reasons:

- For communicating relevant information with other treating doctors, specialists or allied health professionals
- For follow up reminder / recall notices
- For National / State or territory registers (e.g. immunisation data)
- For State / Territory reminder systems, (e.g. cervical screening - pap smears reminders or familiar cancer registries)
- Accounting / Medicine / Health Insurance procedures
- Quality Assurance activities such as accreditation
- For disease notification as required by law (e.g. infectious diseases)
- For use by all doctors in this group practice when consulting with you
- For legal related disclosures as required by a court of law (e.g. subpoena, court order, suspected child abuse)
- For research purposes (de-identified, meaning you are not able to be identified from the information given)
- For uploading clinical information to a MY HEALTH RECORD, please speak to your GP if you wish to opt out.

If you have any concerns or wish to restrict access to your personal health information please discuss these with your doctor or receptionist. This practise adheres to principles of the RACGP Handbook for the management of Health Information in Private Medical Practice and has a written policy, which is available to all patients for inspection.

Your medical record is a confidential document. It is the policy of this practise to maintain security of personal health information at all times and to ensure that this information is only available to authorised members of staff.

Signature of patient or guardian: X _____ Date: / /

Please advise us if your contact information or Medicare details had changed.

Transfer of health information

You may have consistently consulted with a GP at another practice. The health information held by that GP may assist us with your future health care needs. You may wish to have a copy or a summary of your health records transferred to this practice. Please ask the receptionist for information about how this can take place.