

NEW PATIENT INFORMATION

Welcome to our practice. We need this information to provide you with the best quality care. Our practice follows the guidelines of the RACGP for the management of health information in private practice. This means your personal health information is kept private and secure, as required by federal and state privacy laws.

Patient Details

Title	Given Name	Surname
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Date of Birth	/	/	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Home Address	Suburb	
	Postcode	
Email	Consent to medical correspondence by email (eg results) <input type="checkbox"/>	
Phone (H)	(W)	(M)

Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Defacto	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
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Medicare Number	Name Number	Expiry Date
-----	<input type="text"/>	/

Pension Card Number	Expiry Date	/
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Emergency Contact - Name	Relationship to you
Phone (H)	(M)
(W)	

Occupation	Country of Birth
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Are you of Aboriginal or Torres Strait Islander origin? Yes No

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Privacy Patient Information

To provide a high standard of medical care we need to collect personal information from our patients. This information is usually collected from the patient but also from family members and other health care providers. At times some of this information needs to be shared with other health care providers or we may be legally bound to disclose personal information. All persons accessing your health information are bound by confidentiality. Please do not hesitate to discuss any concerns, questions or complaints about any issues related to the privacy of your personal information with your doctor.

Please note: If you wish to cancel an appointment we ask that you give at least 24 hours notice - for Monday appointments please cancel by calling us on Friday and for Friday appointments please cancel by calling us on Wednesday. SMS Reminders will be sent two days before your appointment. Any late cancellations or missed appointments will incur a non-rebateable fee.

Signature of patient or guardian

Date / /