

Palmers Medical Centre

New Patient Registration Form

Title: Family Name: Given Name: Middle Name:	Medicare Card No: Reference/Line No: Expiry: Concession Card (if any): Concession Card No: Expiry:								
<u>Date of Birth:</u> Gender: Marital Status:	Country of Birth: Year of Arrival in Australia: Ethnic/Cultural Background Country:								
<u>Please select one</u> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Aboriginal</td> <td style="width: 50%;">Torres Strait Islander</td> </tr> <tr> <td>Both</td> <td>Neither</td> </tr> </table>	Aboriginal	Torres Strait Islander	Both	Neither	English Speaker: Preferred Language: Refugee or Asylum seeker on Arrival in Australia:				
Aboriginal	Torres Strait Islander								
Both	Neither								
Contact Details Street: Suburb: Mobile Phone: Home Phone: <i>Our clinic is set up to send automatic SMS appointment reminders. If you DO NOT want these reminders, please inform our reception staff.</i>	Allergies: List if yes: Smoking Status: If Smoker, how many per day: Year started: If Ex-Smoker, what year did you stop:								
Next of Kin First name: Surname: Phone No: Relationship:	Alcohol: If yes how many standard drinks per week? Height: Weight: Current Pregnancy (if applicable) Occupation: Recreational activities / hobbies if any?								
Emergency Contact (other than person listed above) First name: Surname: Phone No: Relationship:	Do you have children, If so, how many: and what ages: How did you hear about us? <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Google</td> <td style="width: 50%;">Recommended by Friend/Family</td> </tr> <tr> <td>Online App System</td> <td>Facebook</td> </tr> <tr> <td>Letter Drop / Newspaper</td> <td>Other</td> </tr> </table>			Google	Recommended by Friend/Family	Online App System	Facebook	Letter Drop / Newspaper	Other
Google	Recommended by Friend/Family								
Online App System	Facebook								
Letter Drop / Newspaper	Other								
Health History (Tick all applicable)	Yourself	Father	Mother						
Asthma									
Breast Cancer									
Colon Cancer									
Diabetes									
Depression									
Eczema									
Heart Disease									
Hypertension / High Blood Pressure									
Stroke									
Other, please specify:									
Have you had any operations? If yes please list:									
Are you on any medications? If yes please list:									

I have read and accept the Privacy Agreement and Patient Consent in the second page of this form

Patient Name: _____ **Date:** _____

Signature:

Parent/Guardian to sign for child

(Please type signed electronically in signature box if you do not have access to printer/scanner)

It is a condition of the Practice that a patient who has had pathology Blood test, swabs, pap smears, urine tests, faeces test, CT, ultrasounds, X-rays, radiology must make an appointment and return to the practice to obtain these results. No results of any kind will be given over the phone or via email. It is the patient's responsibility to return to obtain these results.

Privacy Agreement and patient Consent:

To enable ongoing care and total quality improvement within this practice, and keeping with the privacy Act 1988 and National Privacy Principles, we wish to provide you with sufficient information on how your personal health information may be used or disclosed and record your consent or restrictions to this consent.

Your personal health information will only be used for the purposes for which it was collected, or as otherwise permitted by law and we respect your right to determine how your health information is used or disclosed.

The information we collect may be collected by a number of different methods and examples may include medical test results, notes from consultations. Medicare and health insurance details, data collected from observations and conversations with you and your details obtained from other health care providers (e.g Specialist correspondence).

By signing below, you (as a patient/guardian) are consenting that on obtaining your personal information it may be used or disclosed by the practice for the following purposes.

- Follow up reminder/ recall SMS notices & letters for treatment and preventative healthcare
- Complete telehealth or telephone consultations as required / requested
- The diagnosis and treatment of any health condition, including the communication of relevant information only, to practice staff, specialists and other healthcare provider's to ensure quality care is provided
- Accreditation and Quality Assurance activities are conducted by professionally trained Non –treating GP's and other professionally trained and qualified persons e.g. General Practice Managers
- For legal related disclosure and required by a court of law
- For the purposes of research only where De-identified information is used
- For disease notification as requires by law
- For use when seeking treatment by other doctors in this practice
- For accounting procedures and the collection of professional fees

At all times we are required to ensure your details are treated with the utmost confidentiality. Your records are very important and we will take all steps necessary to ensure they remain confidential.

I give my permission for my relevant information to be collected, used and disclosed as described above. I understand only my relevant personal health information will be provided to allow the above actions to be undertaken and I am free to withdraw, alter or restrict my consent at any time by notifying this practice in writing.

To ensure we run an efficient and effective practice, we charge a late penalty fee to the patients who do not show up for their appointment or cancel late. If you are unable to make your appointment, please inform us a minimum of 2 hours prior to the appointment time to avoid a penalty fee.

Palmers Medical Centre,
228A Sayers Road, Truganina, VIC – 3029
Phone: (03) 9908 – 2555 Fax : (03) 8676 – 1735
Email: reception@palmersmedical.com.au

Palmers Medical Centre Woodlea
2 Lim Way (T16, Woodlea Town), Aintree, VIC 3336
Phone: (03) 8560 – 6020 Fax : (03) 8560 – 6029
Email: woodlea@palmersmedical.com.au

www.palmersmedical.com.au