

**New Patient Information Form**

Please take a few moments to read and complete the following:

Title:		Surname:	
Date of Birth: ___/___/___		Given Names:	
Street address:			
Suburb and postcode:			
Postal address:			
Home phone:		Work phone:	Mobile phone:
E-mail:		Occupation:	
Medicare no:		Ref no on card:	Expiry date:
Commonwealth Seniors/ Pensioner/ Health Care card		No:	Expiry date:
Department of Veterans Affairs		No:	Colour:
Emergency Contact:		Phone:	Relationship:
Next of kin:		Phone:	Relationship:
Do you identify as an Aboriginal and/or non-English speaking background? Yes / No If Yes, please specify:			
Smoking status (please circle): Non smoker		Smoker	Ex smoker
Allergies: Any known allergies? Food, medication, bees, etc Yes / No If Yes, please specify:			
<b>Please complete if enrolling dependants under 18 years old</b>			
Given names:		Surname:	DOB:
Given names:		Surname:	DOB:
Given names:		Surname:	DOB:

**Information about fees:**

All healthcare services provided by this practice are covered, in part, by Medicare. We ask for full payment of your account on the day of your consultation, you are then able to claim the Medicare rebate direct from Medicare. EFTPOS facilities are available. WorkCover claims require a claim number. At the end of the consultation for a WorkCover consultation the account is handed to the patient for you to facilitate payment via your claim agent. Full payment is required on day for WorkCover claims that do not currently have a claim number. You are then able to follow this up with your claim agent.

**Missed Appointments:**

If you are unable to keep your appointment, please notify us immediately. We require 4 hours notice for cancellations or a fee may apply.

**Privacy:**

Amendments to the Privacy Act came into effect in December 2001. As a provider of healthcare services it is important that you are aware of how any personal information collected by this practice is used.

The personal information collected is that deemed necessary to best attend to, and treat the presenting health condition(s). Personal information is primarily used internally within the practice, but sometimes it is used to ensure quality and continuity of health care for you and must be partially or fully disclosed to others outside the organisation, depending on the circumstances. eg: when referring to a specialist medical practitioner or when requesting blood tests, urine tests, X-rays etc; when itemising accounts for Medicare.

**Freedom of Information:**

All patient files that include personal information, test results etc. are the property of this practice. However, should you choose to visit another Doctor at any time, copies of the appropriate file(s) can be forwarded on receipt of your written request. Under no circumstance will this practice provide or divulge personal information without your prior written consent. Please note that a small administration fee may be associated with this service.

**Please read and sign your acknowledgement below:**

I have read and understand all information provided above regarding fees, privacy and freedom of information. I am aware that at the conclusion of all consultations there will be a request for full payment of the account. I am also aware that should a debt collection agency be employed to recover any unpaid accounts in relation to consultations that additional collection fees will apply.

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
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