

New Patient Form

Welcome to our surgery. This form is designed to help us 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 your personal health information is confidential and 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.

Patient's details

Title	Surname	Given names	preferred name
.....			
Date of birth	/	/	<input type="checkbox"/> Male <input type="checkbox"/> Female
.....			
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
.....			
Occupation	Religion		
.....			
Are you of Aboriginal or Torres Strait Islander origin?			
<input type="checkbox"/> Yes If yes, please select <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander			
<input type="checkbox"/> No			
.....			
Country of Birth			
.....			
Postal address			Post code
.....			
Home address			Post code
.....			
Phone (home)	(mobile)	(work)	
.....			
Medicare number	card position	Expiry date	
.....			
<input type="checkbox"/> Pension	<input type="checkbox"/> Health Care Card		
<input type="checkbox"/> Commonwealth Seniors Health Card	Number	Expiry date	
.....			
Veterans Affairs number	<input type="checkbox"/> Gold	<input type="checkbox"/> White	
.....			
Flinders Medical Centre number	Repat Hospital number		
.....			

Person responsible for payment of account (please complete if the patient is under 18 years of age only)

Title	Surname	Given names
.....		
Postal address	Post code	Date of birth
.....		

I understand that payment for medical treatment is to be made at the conclusion of each appointment unless other arrangements are made with the Practice Manager. I further understand that I may incur a non-rebatable fee should I not attend an appointment with appropriate cancellation notice. I also undertake to pay all debt collection expenses incurred should I default on overdue amounts.

Emergency contact (next of kin)

Title	Surname	Given names
.....		
Home address	Post code	
.....		
Relationship to patient	Phone (H)	(W) (M)
.....		

2nd Emergency contact (if different from above)

Title	Surname	Given names
.....		
Home address	Post code	
.....		
Relationship to patient	Phone (H)	(W) (M)
.....		

Please advise your doctor of any allergies or adverse drug reactions and your regular medications.

- Please see over to acknowledge terms and conditions -

RHYLYN MEDICAL SERVICES

For completion only if we ***will not*** be your regular practice

If this is not your usual practice, your usual GP will be notified and any relevant information will be given, especially if follow up is necessary. Please provide your regular GP's contact details if you are happy for us to provide this:

General Practitioner's name:

Practice name:

Practice address:

(Office use only - **Tick inactive**)

Transfer of Health Information if we ***will*** be your regular practice

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 summary of your health records transferred to this practice. Please ask the receptionist for information about how this can take place.

Consent

The details you have provided are used predominantly for your quality health care. Together with a full medical history discussed with your doctor, this information will be used to manage your health care needs. This includes referrals to other doctors and specialists, or for medical tests. It may also be used to comply with any legislative or regulatory requirements. Our management of your personal information complies with the Australian Privacy Principles as set out in the Privacy Act 1988 (Cth)

Our practice undertakes professional development, quality assurance and accreditation, improvement activities and deidentified research to improve patient care. All professionals accessing personal health information for this purpose have signed a written confidentiality agreement.

Our practice sends all prescriptions electronically and may view the dispensing history of any of your prescriptions.

Our practice uses a reminder system to improve the quality of your health care. The practice sends reminders by SMS, mail or telephone for procedures such as vaccinations, pap tests and other health reviews as a part of the quality improvement activities at this practice.

Previous to your appointment a reminder will be sent via SMS to your mobile phone confirming the date and time of your booking. Please ring and advise us immediately if you are unable to attend at this time.

Terms and conditions

- Full payment is expected at the time of consultation.
- Pensioners and children 15 years and under will be direct billed to Medicare for routine consultations.
- Patients 18 years and over are responsible for payment of their own account.
- An out of pocket fee applies for procedures such as suturing and excisions.
- **Compensation accounts:** This practice does not issue accounts for patients involved in third party/worker's compensation cases. Full payment is required at the time of consult. Patients who are covered under Worker's Compensation or Motor Vehicle Accident Insurance are reminded that THEY are responsible for ALL accounts incurred.
- **Failure to keep appointments:** A minimum \$84.70 non-rebatable fee will be charged for non-attendance.

I agree to the above policies, terms and conditions.

Signature of patient or guardian

Date / /

Please advise us if your contact information or Medicare details change

The above Practice policies are subject to change from time to time.
Changes are notified via notice boards, website and Practice Information Sheets.

How did you hear about us?
