

This clinic is a Private Fee Clinic with bulk billing available for patients with a current concession/pension card. Please be aware not all doctors will bulk bill with a concession/pension card.

New Patient Information Form

Mr Mrs Ms Miss Mast (Please circle)

Surname: _____

Given Names: _____

DOB: / /

Gender: **Male** **Female** **Other** **(Please circle)**

Address: _____

Suburb: _____ **Postcode:** _____

Contact Numbers

Home No: _____ **Work No:** _____ **Mobile No:** _____

Do you consent to us contacting you via SMS/Email? **Yes** **No**

(We may send you appointment reminders or recall reminders)

EMAIL: _____

Medicare (if applicable)

Number: _____ **Ref:** ____ **Expiry:** _____

Healthcare/Pension Card (if applicable)

Number: _____ **Expiry:** _____

DVA CARD WHITE/GOLD Number _____ **EXPIRY DATE** _____

Next of Kin/Emergency Contact

Name: _____ **Relationship:** _____

Phone Number: _____

Australia is a genuinely multicultural society. To tailor appropriate care, encourage understanding and appreciation between people from different nationalities and backgrounds – Do you identify as someone from an ethnic or cultural background? (Please circle)

No Yes – Please elaborate _____

Do you require an interpreter? No Yes – Language _____

To assist with health initiatives such as CTG – are you aboriginal or Torres Strait Islander?

(Please circle)

Yes - Aboriginal Torres Strait Islander Both No

Privacy and Information Consent

The Privacy Laws give you certain rights in relation to the information that you provide to this practice. We need your consent to collect information about you. Attending the Windsor Village and Oakden Medical Centre implies that you consent to us knowing about your health situation, either for a particular problem or generally. Please ask at reception for a copy of our comprehensive Privacy Policy.

The primary reason we collect information is to assess and treat your medical problems properly and to be pro-active in your healthcare. Unless specifically directed otherwise we will, where we deem it appropriate, provide relevant information to other health workers directly involved in your medical care – this would include specialist referral and at the request of a hospital where you are receiving treatment and they require information such as medication, allergies etc. Information will NOT be provided to any party for secondary purposes without your written consent.

At times patients ask family members to contact the surgery to check or obtain test results on their behalf – we require your consent for this to happen – complete this form for that authorisation.

Please note – Windsor Village and Oakden Medical Centre retains the right not to share information in situations we believe to be particularly sensitive.

Patient Acknowledgement

I have read this form and understand why collecting information about me is necessary. I am also aware that this practice has a Privacy Policy on handling patient information.

I understand that failure to provide the practice with all the information it needs may restrict its ability to provide the quality of healthcare that I want.

I consent to the handling of my information by this practice for the primary purposes set out in the Privacy Policy subject to any limitations on access or disclosure about which I notify either Oakden or Windsor Village Medical Centre now or at any time in the future.

I understand that if my information is to be used for any secondary purpose, my further consent will be obtained.

I acknowledge that I have read this form before signing it and that a member of the practice staff has clarified any aspects of it that I did not at first understand.

Please list below whom you consent us to disclose information (i.e. results or appts) with:

Name: _____ **Relationship:** _____

I understand that I may change or review my consent at any time.

Signed: _____ **Date:** / /

Print name: _____

Staff member entering: _____ **Date:** / / **Dr:**

Patient Questionnaire (Please complete & give to your doctor)

Doctor seeing today: _____

Today's date: _____

Who is your current GP Clinic?

Will Windsor Village Medical Centre now be your regular GP Clinic? (Please circle) Yes / No

Full Name: _____ **D.O.B:** _____

Preferred Name: _____

Occupation: _____

Allergies: _____

Past medical history (including medical conditions & past operations): _____

Prescribed medications currently taking: _____

Family Medical History:

Do your parents, grandparents, aunts, uncles, brothers or sisters suffer from: (please circle).

- Diabetes
- High Blood Pressure
- High Cholesterol
- Heart Disease
- Asthma
- Arthritis
- Mental Health Issues (e.g. depression, anxiety)
- Cancer of any type
- Other: _____

Do you smoke cigarettes/cigars/pipes: Yes/No. If Yes, how many per day? _____

Do you drink alcohol: Yes/No. If yes on average: _____

- How many days per week: _____
- What type of beverage (beer, wine, spirits): _____
- How many drinks on occasion: _____

For women:

When was your last pap smear: _____

When was your last mammogram: _____