OFFICE USE – FILE NUMBER

NEW PATIENT FORM: – Cunninghame Arm Medical Centre

Title: | Gender: | DOB: _ _ / _ _ / _ _ _ _

Given Name(s): | Surname:

Medicare Card Number of Patient:

Reference No: (number next to name) [ ] Expiry Date: _ _ / _ _ _ _

Medicare Card Number of Payer: **(if not the patient – eg: a child)**

Reference No: (number next to name) [ ] Expiry Date: _ _ / _ _ _ _

Name of Payer: | DOB: _ _ / _ _ / _ _ _ _

Patient Details:

Street Address:

Postal Address:

Home Phone: | Mobile Phone:

Email Address:

Pension / HCC / DVA Number: (please circle)

Expiry Date: _ _ / _ _ / _ _ _ _

Emergency Contact Details/ Next of Kin :

Name:

Relationship: | Mobile:

Address:

Cultural Background / Ethnicity:

Aboriginal: YES / NO | Torres Straight Islander: YES / NO

Ethnicity:

Ethnicity: _____

Please Answer:

Would you like to be contacted for appointment reminders via SMS? YES / NO

Your medical history will remain confidential. It may be necessary to share your results with another medical practitioner to ensure continuity of care. Please review conditions on reverse for consent to release notes if required.

Signed : _____ | Date: _ _ / _ _ / _ _

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PRIVACY NOTICE FOR PATIENTS:

Cunninghame Arm Medical Centre

Your personal health information and your medical records may be collected, used and disclosed for the following reasons:

- For communicating relevant information with other treating doctors, specialists or allied health professionals.
- For follow up reminder / recall notices by (telephone, email, SMS)
- For National, State or Territory registers (e.g. Immunisation data)
- For State, Territory reminder systems (e.g. cervical screening – PAP smear reminders or familiar cancer registries.
- Accounting, Medicare, health Insurance Procedures
- Quality Assurance activities such as accreditation
- For disease notification as required by law (e.g. infectious disease)
- For use by all doctors, nurses in this practice when consulting with you
- For legal related disclosure as required by a court of law (e.g. subpoena, court order, suspected child abuse)
- For research purposes (de-identified, meaning you are not able to be identified from the information given)

If you have any concerns or wish to restrict access to your personal health information please discuss these concerns with your Doctor or Receptionist. This practice adheres to principles of the RACGP Handbook for the Management of Health Information in Private Medical Practice and has a written policy which is available to all patients for inspection.