NARROMINE SHIRE FAMILY HEALTH CENTRE

New Patient Information Form

Title: _____ Surname: _____ Given Name: _____

Middle name/s: _____ Preferred Name/Know as: _____

D.O.B.: _____/_____/_____ Gender: _____

Pronouns: ☐ Him/He/His ☐ She/Her/Hers ☐ They/Them/Theirs

Address:

Street/Property Number & Name:

_____

City: _____ State: _____ Post Code: _____

Home Phone: _____ Mobile: _____ Work: _____

Cultural Background

Knowing your cultural background can help us provide healthcare that meets your individual needs.
Are you (please tick):

- Australian
- Aboriginal
- Aboriginal & Torres Strait Islander
- Other – Please Specify: _____

Country of Birth:

- Australia
- Other – Please Specify: _____

Preferred Language:

- English
- Other – Please Specify: _____

Religion: _____

Medicare No: _____ INR (number next to your name): _____ Exp Date: _____

Health Care Card/ Pension No: _____ Type: _____ Exp Date: _____

DVA Number (Army, Navy, Air Force): _____ Colour: _____

Private Health Fund: _____ Number: _____

Allergies

Do you have any allergies? ☐ Yes ☐ No (If yes please list below)

Next of Kin (Full name): _____ Contact number: _____

Relationship to you: _____

Additional Emergency Contact: _____ Contact Number: _____

Relationship to you: _____

What is your Occupation: _____

PATIENT CONSESNT

I give my consent to receive SMS reminders for:

Appointment reminders: ☐ Yes ☐ No Initial: _____

Clinical reminders: ☐ Yes ☐ No Initial: _____

Important: For all patients aged over 16

Do you have an appointed Enduring Guardian? Yes ☐ No ☐

Name: _____

(please provide a copy to reception for your file)

Patient Privacy Act and Collection Statement

We take confidentiality and the privacy of your personal health information seriously at the Narromine Shire Family Health Centre and we abide by all Patient Health Information, Safety and Privacy Principals.

Please be aware that as a patient of this practice it may be necessary to obtain or pass on specific information regarding your health from and to other health care professionals, including other GP's, Specialists, Hospitals. Dentists, Pathology, Radiology, Pharmacists, Allied Health Professionals and Medicare.

In the event of any research conducted in this practice you will be notified and asked to consent separately to your health information being releases and you will have the option to not participate if that is your preference.

Under certain legislation, however we must disclose patient information e.g. Infectious Diseases Act-Health (Infectious Diseases) Regulations, Adoption Act and records must be disclosed under court orders, subpoenas, search warrants and coroner's Court cases.

However, prior to the Health Professionals who work at this practice collecting of sharing your personal health information it is the law to obtains written consent from you.

All patients have the right to access their own personal health information under the privacy legislation, if at any time, wish to access a copy of your records you must do so as long as the access is in line with the National Privacy Ac. Please speak with the Practice Manager if you have any questions about this.

Therefore, by signing this document you agree to allow Narromine Shire Family Health Centre and its staff to obtain and pass on your personal health information on your behalf.

I acknowledge a copy of my proof of ID and Medicare card will be taken and stored securely in my file for identification purposes.

I acknowledge I have been given a copy of keeping your personal information private in our practice pamphlet and confirm I have read and understood its content.

I give permission for the Narromine Shire Family Health Centre to collect or release personal health information as may be deemed necessary in the course of my/my child's medical treatment.

It is not practice policy to use private email. As is evident, we are a fully computerized practice and in certain circumstances we can communicate with you via email. Email will only be used where no other means of communication is available as sending via Email is not a secure form of contact.

- Knowledge that Email is not a secure form of contact and take full responsibility if my personal information was to fall into the wrong hands.
- It is my responsibility to check my emails daily/regularly
- The practice does not accept responsibility for any of my missed e-mails or changes to my email addresses without prior informing the practice.

By signing you agree you have read and agree with the above and give my consent for Narromine Shire Family Health Centre to communicate with me via email.

Patient/Parent/Carer/Guardian Name _____ D.O.B. _____

Signature: _____ Date: _____