Cavenagh Medical Centre New Patient Information Sheet

Surname:			Title: Mr Mst Mrs Dr Miss Ms
First Name:	Middle Name:		M /F /INTERSEX/ NA
Preferred Name:		DOB:	
Residential Address:			P/C
Mailing Address:			P/C
Home Phone No:	Mobile:		
Email Address:			
Medicare Card No: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	Ref: (No. next to name) ___	Expiry: __ /__	
Healthcare Card Holder: Yes / No	Number		Expiry Date
Emergency Contact:			
Phone No:	Relationship:		
Method of Referral to us:	Family Friend Internet	Other (please provide)	

Children Under 16 require an adult to be responsible for payment of their account. Payer's details are as follows:		
Payer's Relationship to Patient:		
Please provide the following for Medicare Rebate - Name:		
DOB:	Medicare No: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___	Ref: (No. next to name) ___

Is this a Workers Compensation claim visit? YES or NO	If YES please complete below
Occupation:	Employer:
Address:	Phone no:
Insurer if known:	Claim No.

Country of Birth:	Primary Language:	Occupation:
Do you identify as: (Please circle)	Aboriginal Torres Strait Islander	Both Neither
If yes are you registered for "Close the Gap" program: YES or NO		
Do you have and cultural needs or religious beliefs?		Ethnicity:

Would you like to receive an SMS to remind you of appointments or correspondence? YES / NO
Do you consent to us leaving a message on your message bank/ with person who answers the phone? YES / NO
Do you consent to us uploading information to MyHealth? YES / NO
Are you currently taking: Prescribed medications? YES or NO Over the counter medications? YES or NO
Do you have any allergies? **YES or NO** If yes, please list any allergies and what type of reaction you have had:
Please list any known medical conditions or medical event you would like to be noted.
Do you smoke? **YES or NO** Indicate: Never smoked/ Ex-smoker Daily smoker/ Weekend smoker /Irregular smoker
Do you drink alcohol? **YES or NO** Less than monthly/2-3 per month/2-3 per week/ 4 or more per week/ daily
I understand and Consent, when necessary for Cavenagh Medical Centre to contact Medicare to ascertain if I am eligible for claiming selected MBS items codes.

Please see the collection statement (next page), after reading please sign below to agree to handling of your personal information.

Signature: ____ Date: _________________________________

Collection Statement

The provision of quality health care is our principal concern. It requires a doctor-patient relationship of trust and confidentiality. Your doctor regards patient health information as confidential and will only collect this information with patient consent.

A patient's personal information is handled in accordance with this practice's privacy policy and consistent with the privacy legislation (Privacy Act 1988 and the Australian Privacy Principles). Patients are entitled to know what personal information is held about them; how and under what circumstances they may have access to it; why it is held; its use; to whom and under what circumstances it may be disclosed; when consent is required for these purposes; and how it is stored.

Every effort will be made to discuss these matters with patients at the time personal health information is collected from patients attending this practice. Because there will be occasions when it is not practicable to make patients aware of these matters at the time of collection, this statement is designed to outline how this practice endeavours to protect the privacy of patients' personal health information.

Collection, use and disclosure of your information

Information about a patient's medical and family health history is needed to provide accurate medical diagnoses and appropriate treatment. We will be fair in the way we collect information about our patients. This information is generally collected from the patient, and otherwise with the patient's consent. However, from time to time we may receive patient information from others. When this occurs we will, wherever possible, make sure the patient knows we have received this information.

Medical care requires full knowledge of patient health information by all members of a medical team. To ensure quality and continuity of patient care a patient's health information has to be shared with other health care providers from time to time. Some information about patients is also provided to Medicare, and private health funds if relevant, for billing and medical rebate purposes.

There are also circumstances where a medical practitioner is legally bound to disclose personal information. An example of this is the mandatory reporting of communicable diseases.

It is necessary for us to keep patient's information after their last attendance at this practice for as long as is required by law or is prudent having regard to administrative requirements.

Access

A patient has a right to access their information. They may ask how to view the information or ask for a copy of part or the whole record. While not required to give reasons for their request, a patient may be asked to clarify the scope of the request.

There are some circumstances in which access may be denied but in such an event, the patients will be advised of the reason.

A charge may be payable where the practice incurs costs in providing access. This will depend on the nature of the access.

The material over which the doctor has copyright might be subject to conditions that prevent further copying or publication without the doctor's permission.

If a patient finds that the information held on them is not accurate or complete, the patient may have that information amended accordingly.

Upon request a patient's health information held by this practice will be made available to another health service provider.

This practice does not routinely email correspondence containing sensitive information as it is not secure, documents can be faxed, posted or collected in person. If being collected by another person they will need to provide ID.

Parents/guardians and children

The rights of children to privacy of their health information, based on the professional judgement of the doctor and consistent with the law, might at times restrict access to this information by parents or guardians.