

New Patient Form

Your Health is our Priority

Welcome to Middle Ridge Family Practice

PATIENT DETAILS

Surname:

Given Name:

Middle Name:

Date of Birth ____/____/____

Female Male Transgender Non-Binary Other

Title:

Preferred Name:

Ethnicity: Australian Aboriginal TSI Other:

Are you registered for Closing the Gap Yes No

Occupation:

Country of Birth:

Religion:

Residential Address

Town:

Postcode:

Postal Address if different from mailing address

Town:

Postcode:

Home:

Mobile:

Work:

Email:

Do you need an interpreter or assistance with communication in your consultations?

Details:

EMERGENCY CONTACT – MUST BE TWO DIFFERENT PEOPLE

Next of Kin:

Relationship:

Phone:

Emergency contact name:

Relationship:

Phone:

MEDICARE & PRIVATE HEALTH DETAILS

Medicare No:

Ref No: (next to name)

Expiry: ____/____

Pension/Healthcare Card No (Please Circle):

Expiry: ____/____

Veterans Affairs No:

Gold White - Condition/s

Do you have private health care fund?

Fund Name:

Fund Number:

COMMUNICATION CONSENT

Do you consent to SMS reminders? Yes No

Do you consent to receiving SMS for clinical reminders? Yes No

Do you have a My Health Record? Yes

No Do you give consent to upload

GUARDIAN DETAILS (if under 16)

Surname:

Given Name:

DOB: ____/____/____

How did you hear about us?

Please turn over to complete consent section and privacy statement.

FINANCIAL CONSENT

Middle Ridge Family Practice is a Private Billing Practice. I understand that there will be an out of pocket fee for all consultations and procedures as per the billing policy.

I acknowledge that I have been offered a copy of the billing policy.

I acknowledge that there will be an out of pocket fee as per the billing policy.

SIGNATURE: _____

DATE: _____

PRIVACY STATEMENT AND PATIENT CONSENT

To enable ongoing care and total quality improvement within this practice, and in keeping with the Privacy Act March 2014 and National Privacy Principles, we wish to provide you with sufficient information on how your personal health information may be used or disclosed and record your consent or restrictions to this consent. By signing this form you are consenting that on obtaining your personal health information it may be utilised or disclosed by Middle Ridge Family Practice and any other Practitioners providing care to me for the following purposes:-

- Follow up reminder and recall phone calls, SMS, emails or letters for treatment and preventive healthcare
- For accounting procedures and the collection of professional fees
- The diagnosis and treatment of any health condition, including the communication of relevant information only to practice staff, specialists and other health care providers to ensure quality care is delivered
- Accreditation and quality improvements within the practice. In some instances, we release de-identified data to third parties e.g. Darling Downs & West Moreton Primary Health Network.
- For legal related disclosure as required by a court of law e.g. subpoena
- For disease notification as required by law in Queensland
- For the purpose of obtaining previous medical records, previous clinical reports and management regimes from other practitioners, institutions, laboratories, etc.
- Forwarding your health information by email as requested by other health providers
- To inform next of kin identified in my patient information of the outcome or treatment or to obtain consent to necessary treatment when I am not able to provide such consent.

Results and Follow-Up Policy: If your doctor has ordered any investigations or tests, the practice will normally contact you, to either make an appointment or give these results to you over the phone. Occasionally, results may go astray - if you have not heard from the practice within seven (7) days of your investigation or test, please contact the practice to discuss.

(Insert name) _____ understand the policy on follow up of results

Signature: _____

I agree to notify Middle Ridge Family Practice of any changes of personal details as soon as they become available, such as change of address, emergency contact, change of name etc.

We look forward to taking care of you!