Talunga Clinic

New Patient Information Form

We are committed to providing our patients with the best care. To do this it is essential that your personal and medical records are up to date and accurate.

Title	Mr / Mrs / Ms / Miss / Mast / Dr	Marital Status	Married / Single / De Facto / Divorced
Surname			
Given Names			
Date Of Birth		Gender	Male / Female
Street Address			
Suburb and Postcode			
Postal Address			
Home Phone		Email	
Mobile		Work	
Medicare Number, Personal reference number	____ _____ _ PRN _	Expiry Date	/ 202 _
DVA Gold/White (Please Circle)		Expiry Date	
Health Care Card		Expiry Date	
Pension Card		Expiry Date	
Next of Kin (Name, Phone number and Relationship)			
2nd Emergency Contact (Name, Phone number and Relationship)			
Prior Surgery Attended and Doctors Name and Address		Would you like your file transferred from your previous surgery? (Please circle) Yes / No	

To assist with health initiatives – Would you like to divulge your ethnic origin?

☐ **Aboriginal** ☐ **Torres Strait Islander** ☐ **Other** ______________________ ☐ **No**

IT IS THE CLINIC'S POLICY FOR ALL ACCOUNTS TO BE PAID IN FULL AT THE TIME OF CONSULT

I wish to use the following for payment of my account

☐ EFTPOS ☐ CHEQUE ☐ CASH

I ______________________ agree to be responsible for the full amount of the fees
(Printed name of payer)

Payer's Signature ______________________ Date ______________

Talunga Clinic

Personal Health Information Management

Welcome to Talunga Clinic (Mt Pleasant and Birdwood Surgeries).

To enable ongoing care and total quality improvement within this Practice, and in keeping with the Privacy Act 1988, we wish to provide you with information on how your Personal Health Information may be used, and record your consent or otherwise to this use. Your Personal Health Information will only be used for the purposes for which it was collected, or as otherwise permitted by law, and we respect your right to determine how your Personal Health Information is used or disclosed.

Personal Health Information may be collected in a number of different ways, such as notes from consultations, test results, Medicare and health insurance details, and details obtained from other health care providers (e.g. Specialists).

By signing below, you (as a patient, parent or guardian) are consenting that your Personal Health Information may be used or disclosed for the following purposes;

- Follow-up reminder / recall notices for treatment and preventative healthcare
- For accounting and the collection of professional fees
- The diagnosis and treatment of any health condition by professionally trained non-treating GPs and other qualified persons
- For legal disclosure as required by a court of law (e.g. court order, subpoena)
- For research purposes, only where de-identified information is used
- For training / teaching medical students and staff, using only de-indentified information
- For disease notification when required by law (e.g. infectious diseases)
- When seeking treatment by other doctors in this Practice

At all times we are required to ensure that your details are treated with the utmost confidentiality and security. Your records are very important and we will take all steps necessary to ensure they remain confidential.

I, ________________________________ give my permission for my Personal Health Information to be collected, used and disclosed as described above. I understand that only my relevant Personal Health Information will be provided to allow the above actions to be undertaken, and I am free to withdraw, alter or restrict my consent at any time by notifying this Practice in writing.

Patient Name: (please print) ________________________________

Parent/Guardian's Name, if applicable: (please print) ________________________

Relationship to Patient: ________________________________

Signature: ________________________ Date: ____________________

PRACTICE USE ONLY... Witnessed by (Practice Staff Member) ________________

M or F ______ Pens Status ______ IHI done ________

Other Ethnicity recorded in Further Details ____________

File No & Current or Casual Status is correct ____________