Alexander Heights Family Practice

Patient Registration Form

Personal details

Gender: M / F Title: Mr Mrs Ms Miss DOB: _____

First Name: _____ Middle Name: _____ Surname: _____

Address: _____

Marital Status: _____ Occupation: _____

Home phone: _____ Work phone: _____ Mobile: _____

Email address: _____

Country of Birth: _____ Year of Arrival in Australia (if applicable): _____

Languages Spoken: _____

- I give consent to the practice to send me an SMS reminder the day before my appointments yes ❑ no ❑
- To assist with health initiatives – are you of Aboriginal origin? yes ❑ no ❑
- To assist with health initiatives – are you of Torres Strait Islander origin? yes ❑ no ❑

Card details

Medicare Card: _____ Ref No.: ___ Expiry date: _____

Health Care Card: _____ Expiry date: _____

Pension Card: _____ Expiry date: _____

DVA Card: _____ gold / white Expiry date: _____

Seniors Card: yes ❑ no ❑

Individual Health Identifier no. (e-health): _____

Person responsible for account: _____

Driver's licence to be checked (by staff) yes ❑ no ❑ not provided by patient ❑

Emergency contact details

Name: _____ Contact No.: _____

Relationship: spouse ❑ parent ❑ child ❑ child-in-law ❑ friend /neighbour ❑

Medical Information

Medical history	Allergies	Medication list

Please turn over and read our privacy policy and drug policy. If you agree with each policy, please sign below and hand this form & your relevant cards to reception staff.

Patient / Parent / Guardian (please circle)

Signature: _____ Date: _____

Privacy policy

We require your consent to collect personal information about you. Please read this information carefully, and sign where indicated.
This medical practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose, treat and be pro-active in your health care needs.

This means we will use the information you provide in the following ways:

- Administration purpose required for running our medical practice
- Billing purposes, including compliance with Medicare Australia, Department of Veterans' Affairs, the Health Insurance Commission and RiskCover
- Disclosure to others involved in your health care, including treating doctors and specialist outside the medical practice. This may occur through referrals to other doctors, or for medical tests and in the reports or results returned to us following referrals
- Disclosure to other doctors in the practice, locums and registrars attached to the practice for the purpose of patient care and teaching

(If the practice undertakes research activities then the following applies)

- Disclosures for research and quality assurance activities to improve individual and community health care and practice management. You will be informed when such activities are being conducted and given the opportunity to "opt out" of any involvement
- Please let us know if you **DO NOT** want your records accessed for these purposes, and this will be noted in your records

For more information on our privacy policy, please read one of our privacy pamphlets in reception.

Drug policy

Our practice does not prescribe Schedule Eight Drugs (drugs of addiction) until we receive transfer of records from your previous doctor. This may take several weeks. If you are taking these drugs, you need to be under the care of one practitioner to comply with state laws.

"I have read the privacy policy for Alexander Heights Family Practice. I understand the reasons why my information must be collected. I understand I am not obliged to provide the requested information but my failure to do so may compromise the quality of healthcare and treatment given to me.
I am aware of my rights to access this information, except in some circumstances and I understand that an explanation will be given in these circumstances."