

NEW PATIENT REGISTRATION FORM

Surname: _____ First Name: _____ Preferred Name: _____

Male / Female (Please circle) Title: Mr/Mrs/Ms/Miss/Mstr Date of Birth: ____/____/____

Residential Address: _____ Suburb: _____ Post Code: _____

Postal Address (if different from residential): _____

Home Phone: _____ Work: _____ Mobile: _____

Email Address (16+ only): _____ Do you allow SMS for reminders/recalls: Yes ☐ No ☐

Occupation: _____ Student: Yes ☐ No ☐

Medicare Card Number: _____ Ref: _____ Expiry: _____

Dept Vet Affairs Card No: _____ Expiry: ____/____ Gold/White (please circle)

If White, conditions covered: _____

Pension / Health Care Card No: _____ Expiry: ____/____ EHealth Registered: Yes / No

Do you identify as: Aboriginal ☐ Torres Strait Islander ☐ Neither: ☐ Refugee ☐

Cultural Background: _____ Languages Spoken: _____ Interpreter Required: Yes/No

Next of Kin: _____ Relationship: _____

Home Ph: _____ Work Ph: _____ Mobile Ph: _____

Emergency Contact: _____ Home: _____ Work: _____

We'd love to know how you heard about us? Website ☐ Chemist ☐ Facebook: ☐

Shopping: ☐ Other Dr Referral: ☐ Email: ☐ Family / Friends: ☐ School newsletter: ☐

Google: ☐ Appointuit: ☐ Local Newspaper: ☐ Other: ☐ (please advise).....

How did you book this appointment?: Online ☐ In Person ☐ Telephone ☐

Your health is important to us, please tick if you would like more information on any of the following services:

Skin Check ☐ Asthma Education ☐ Quit Smoking ☐ Immunisation/Vaccination ☐

45 to 49 year Health Assessment ☐ 75 year + Health Assessment ☐ Diabetes Education ☐

PLEASE TURN OVER TO COMPLETE THIS FORM

Office Staff Only

Medicare Sighted – YES / NO Photo ID Sighted – YES / NO Staff Member Initials

PATIENT INFORMATION CONSENT

We require your consent to collect personal information about you. Please read this information carefully and print your name and sign where indicated below. This information is used for the primary purpose of providing quality health care services for your health care needs. This practice has a strict policy on handling patient information. To ensure the security of personal information only authorised staff within the practice has access to this information. The information that you provide will only be used for:

- Administrative purposes
- Email purposes – Practice updates and newsletters
- Billing purposes, including compliance with Medicare Australia requirements
- Disclosure to others involved in your care, i.e. Referrals, case conferences, medical tests or results.
- DE identified data provided to external bodies for health improvement purposes.

In other situations we would not disclose your personal information without your consent.

Privacy Policy:

Full copy available on request.

Restricted Drug Policy:

Patients requesting prescriptions for drugs MUST adhere to the following guidelines: -

1. Be in a position to have documentary evidence justifying the prescription.
2. Produce further proof of identity in addition to your Medicare card.

All prescriptions for restricted drugs are verified with the following government agencies

1. Medicare Australia
2. Queensland Health Drugs of Dependence Unit.

We use Medisecure and all our scripts are barcoded.

Any children under the age of 16 years of age must be accompanied by a parent or guardian.

Consent for use of information: I confirm that the information I have given (on this form) is correct. I consent to sharing of all relevant information between the general practitioners, specialists, nurse practitioners, nurses, allied health providers and non-clinical staff for the purpose of managing my health. I understand this information will be used to fulfil their duties in the course of planning and managing my health care. I have read this information above and fully understand the content. I consent to the handling of my information by Redbank Plaza Medical for the purposes set above.

Patients Name: _____ Parent/Guardian: _____

Signature: _____ Date: _____

Please note: Patients who fail to attend booked appointments, without notice (1hr), will be charged a \$10 fee for a short appointment, or \$20 for a long appointment.

No further appointments will be permitted until the outstanding fee is paid.

We are pleased to be able to send seasonal information to keep you up to date with the practice and the services on offer.
Please tick if you **do not want** to receive this information from the surgery by email or SMS ☐