New Patient Registration Form

Surname:	First Name:	Middle Name:
Preferred Name:		D.O.B:
Birth Sex: Male / Female		Allergies:
Gender Identity: (Please circle): Male / Female / Non-binary/Gender diverse/ Transgender/Different Identity Occupation: ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander		How did you hear about us? ○ Google search ○ Website ○ Facebook ○ Family/Friends ○ Other ____________________
Home Address:/Postal address		
City/Suburb:		Home Phone:
Post Code:		Mobile:
Email: (Ensure correct details)		Work Phone:

As Australia is a genuinely multicultural society, and to tailor appropriate care, encourage understanding and appreciation between people from different nationalities and cultures - **do you identify as someone from a culturally and/or linguistic diverse background?** ☐ No
☐ Yes - Please elaborate ____
If yes, do you require an interpreter service? ☐ No ☐ Yes

☐ Opt-Out De-identified Data Extraction ☐ Update address of all family members ☐ Update address of all currently at original address	☐ Consents to mobile SMS communications ☐ Consents to use of Lyrebird Health for doctors' consults

Medicare No:	Ref No:	Expiry Date:
Pension / HCC Number:		Expiry Date:

Pension Card type:
☐ Pensioner Concession Card – (Aged / Disability – *please circle*)
☐ Common Health Seniors Healthcare Card
☐ Healthcare Card

DVA No:	☐ Gold ☐ White ☐ Orange

Health Insurance Fund:
Membership No:
Expiry Date:

Head of Family: Self / Other	Name of Other: Ph No: Relationship to patient:
Next of Kin:	Ph No: Relation to patient:
Emergency Contact:	Ph No: Relationship to patient:

Payments can be made by EFTPOS / CREDIT CARD / CASH and must be paid on the day of consult. Medicare rebates can be obtained at time of payment.

Patient Consent

Please read this consent form carefully prior to signing.
Kelvale Medical Group 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 and treat illnesses and medical conditions, ensuring we are proactive in your health care. To enable ongoing care, and in keeping with the *Privacy Act 1988* and *Australian Privacy Principles*, we wish to provide you with sufficient information on how your personal information may be used or disclosed and record your consent or restrictions to this consent.

Your personal 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 information is used or disclosed.

Communication with patients, via electronic means is conducted with appropriate regard to the privacy and confidentiality of the patient's health information. Patients can also book their appointments online via HotDoc secure links to the Practices' appointment schedule (https://www.hotdoc.com.au/privacy-policy).

The information we collect may be collected by a number of different methods and examples may include: medical test results, notes from consultations, Medicare details, data collected from observations and conversations with you, My Health Record and details obtained from other health care providers (e.g. specialist correspondence).

By signing below, you (as a patient/parent/guardian) are consenting to the collection of your personal information, and that it may be used or disclosed by the practice for the following purposes:

- Administrative purposes in the operation of our general practice.
- Billing purposes, including compliance with Medicare requirements.
- Follow-up reminder/recall notices for treatment and preventative healthcare, frequently issued by SMS via HotDoc secure links and letters to patients.
- Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.
- Accreditation and quality assurance activities to improve individual and community health care and practice management.
- For legal related disclosure as required by a court of law.
- For the purposes primary care quality improvement programs where insights from data may be used for research, policy making and improving clinical practice and health outcomes in Australia, only where de-identified information is used.
- To allow medical students and staff to participate in medical training/teaching using only de-identified information.
- To comply with any legislative or regulatory requirements, e.g., notifiable diseases.
- For use when seeking treatment by other doctors in this practice.

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

Please complete the form below if you understand and agree to the following statements in relation to our use, collection, privacy and disclosure of your patient information.

I have read the information above and understand the reasons why my information must be collected, and the purposes for which my information may be used or disclosed. I understand that if my information is to be used for any purpose other than that set out above, my further consent will be obtained.

I give permission for my personal information to be collected, used and disclosed as described above, including contact via SMS to my mobile phone number, via email and letters. I understand only my relevant personal 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, Parent or Guardian Signature

Date