FORM CAN BE SUMBITTED ONLINE USING QR CODE

NEW PATIENT REGISTRATION FORM

6 Alice Street
Newtown NSW 2042
PH: 9550 6201 FAX: 9550 1094
www.alicestreetgp.com.au

Alice Street
General Practice

THIS DOCUMENT IS DOUBLE SIDED – PLEASE COMPLETE BOTH PAGES WHEN REGISTERING

We require this information to provide you with the best quality care. This form complies with the RACGP Standards for general practices. This means your personal health information is kept private and secure, as required by federal and state privacy laws. If you have any concerns, please leave blank and discuss with your GP.Please notify us promptly of any changes in your contact details. Accurate contact details help us identify you and your medical records, and allow us to contact you promptly about tests and results.

Section A: Personal details

Please write your name as it appears on your Medicare card or passport

Title | Surname | Given Names

Preferred Name. *(if applicable)* | Birth Sex M F

Date of birth (dd/mm/yy) / / | Gender: Male | Female | Other | Pronoun

Medicare Card No. | Medicare Card Issue No. | Medicare card expiry date (mm/yy) /

Pension, Health Care Card or Veteran Affairs no. *(if applicable)* | Type of DVA card | Expiry date (dd/mm/yy) / /

List DVA white card of conditions

Street address | Suburb | Postcode

Postal address | Suburb | Postcode

Home Number | Work Number | Mobile Number

Email

Consent to receive SMS appointment reminders: Yes | No

Consent to receive clinical reminders and messages regarding results by SMS: Yes | No

Occupation

Who can we contact in an emergency?

Name | Relationship to you

Home Number | Work Number | Mobile Number

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Section B: Cultural Background

Knowing your cultural background can help us provide healthcare that meets your individual needs.

Australian, non indigenous ☐ Aboriginal but not Torres Strait Islander ☐

Torres Strait Islander but not Aboriginal ☐ Both Aboriginal and Torres Strait Islander ☐

Other cultural background (e.g. Mediterranean, Asian, African)

Country of birth

Section C: Allergies and Medications

List allergies and any intolerance to medications	Describe your reaction

List regular medications and doses, and complementary medications and doses

Section D: Consent

Our practice uses a reminder system to help you optimise your health. We may use phone/SMS/email/post to contact you for reminders, clinical messages and follow-up of results. We may send you electronic health awareness information based on your medical record.

I consent to being contacted with reminders to help me optimise my health. Yes ☐ No ☐

I consent to being contacted with health awareness information. Yes ☐ No ☐

Our practice may send information to the Australian Immunisation Register, the National Cancer Screening Register, and the National Bowel Cancer Screening Program. These registers may send reminders.

I consent to information being sent to Government reminder services. Yes ☐ No ☐

Thank you for providing your personal health information to our practice. We undertake to manage this information in a secure manner and to use it only for the purpose of your health care or directly related purposes. You have the right to access your medical record. You have the right to confidentiality. Information will not be disclosed without your consent except in an emergency, or where required by law, or for billing purposes (e.g. Medicare, pathology provider). Referral to other health providers implies consent to disclose personal health information. Copies of prescriptions are routinely sent to pharmacists via the eTP exchange (MediSecure). Please read our Privacy Policy for more information.
By signing below, you are giving consent for the Alice Street General Practice to hold and use your personal health information for these purposes.

Signature of patient or guardian

Date / /

Alice Street General Practice is able to lodge an electronic claims for Medicare rebates.