



HealthSure

MEDICAL CENTRES

PATIENT DETAILS

Title	<input type="checkbox"/> Mrs <input type="checkbox"/> Mr	<input type="checkbox"/> Ms <input type="checkbox"/> Master	<input type="checkbox"/> Miss <input type="checkbox"/> Other	Medicare #	
Surname				Expiry Date	Number next to name
First Name				Pension / HCC #	
Date of Birth				Expiry Date	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female			DVA Number & Colour	
Country of Birth				Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> De Facto <input type="checkbox"/> Widowed
Are you Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No			Name of Next Of Kin	
Cultural Background				Occupation	
Address				(NOK) Contact Number	
Suburb				(NOK) Relationship to you	
Postcode				Do you have a Regular GP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone #				Do you consent to SMS appointment reminders sent to your mobile?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Number #					

Allergies		
ALCOHOL INTAKE	<input type="checkbox"/> Yes How many drinks per week?	<input type="checkbox"/> No
SMOKER	<input type="checkbox"/> Yes How many a day?	
	<input type="checkbox"/> NON SMOKER	<input type="checkbox"/> EX SMOKER Year you gave up?
Family History	Is there any family history of major illnesses including: Diabetes, hypertension, breast cancer, bowel cancer, prostate cancer? If so please give details including which family member is affected.	
How did you hear about us?		

Please turn over

Whilst every effort is made to ensure accuracy, HealthSure Medical Centre Coburg Pty Ltd does not accept any liability for any injury, loss or damage incurred by use of, or reliance on the information included within this sheet.

NEW PATIENT INFORMATION FORM

Your Privacy is our concern

In accordance with the Privacy Act, all information collected in this practice is treated as "sensitive information". To protect your privacy, this practice operates in accordance with this Act.

We use this information you provide to manage your health care. You can assist in maintaining the accuracy of your information by advising the practice of changes of address, phone number etc.

Selected information may be disclosed to various other health services involved in supporting your health care management. (e.g. Pathology & radiology providers, immunisation registers, specialist or community health referrals, etc)

I accept I do not accept

Test Results

It is the policy of this surgery not to inform you of any pathology or specific test results over the phone for privacy reasons. We will advise you if you need to make an appointment to discuss results of any recent tests you have had done if the GP requests this. Otherwise if you have been actively encouraged to review any tests the GP has asked you to undertake please make a follow up appointment.

Please be aware that we will not give your test results to a third party for privacy reasons, expect for exceptional circumstances.

I accept I do not accept

Recalls & Reminders

We will occasionally send you a recall or reminder that our medical database automatically store at the GP's initiation. It is our policy to send at least 3 letters and try to contact you by phone to advise you that an appointment with your GP is required. Please ensure that we have up to date contact details at all times.

I accept I do not accept

Health Information

We encourage our patients to be pro-active in their health care and to help with this we will from time to time send you information regarding any health initiatives we feel you may benefit from.

I accept I do not accept

I _____ have read and understand all of the above.

(YOUR NAME - PLEASE PRINT)

SIGNATURE

DATE