



New Patient Details Form

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Master ☐ Dr.

Last Name: _____

Given/Middle Name: _____

Date of Birth: _____ Gender (please circle): Female / Male

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact Number: H) _____ M) _____ W) _____

Email address: _____

The following information will assist us in the planning and provision of the best possible care:

Are you of Aboriginal or Torres Strait Islander origin?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander
☐ Both, Aboriginal and Torres Strait Islander ☐ Another Ethnicity

Contact Method:

Preferred contact: ☐ Home Phone ☐ Work Phone ☐ Mobile ☐ Email ☐ Post

Can we SMS or leave a message on your message bank regarding an appointment: Y / N

Can we leave a message with a family member who answers the phone regarding an appointment: Y / N

If yes, please state their name and relationship to you: _____

Can we put your name on a formal reminder system for preventative care: Y / N

PLEASE SIGN HERE IF YOU CONSENT TO THE ABOVE: _____

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MEDICARE CARD NO: _____ **REF:** _____ **EXPIRY DATE:** ____ / ____

Health Care Card or Pension Card No: _____ Expiry Date: _____

Private Health Insurance Fund: _____ Member No.: _____

Please advise reception if you would like a copy of our privacy policy.



**Shop 27 Town Square Shopping Centre
Redbank Plains
4103
Tel: 3463 7565**

RECALL AND REMINDER SYSTEM

This Practice uses a "Recall and Reminder" system to provide preventative care for its patients to follow up abnormal or significant test results, to manage patients with chronic disease, and to ensure important health checks are not forgotten and are performed.

We will use information from your health record to tell us when appropriate check-ups or tests are due. By allowing us to send you a reminder letter, you will help us to detect serious conditions early and to monitor and manage known conditions. This can significantly improve the long-term outcome for you.

In some cases, the reminders can also be sent from other places, e.g. Australian Immunisation Register or from the Pap smear registry.

Our Doctors follow the guidelines for preventative care as outlined in the Royal Australian College of General Practitioner's Guidelines for Preventative Activities in General Practice. The guidelines are in line with the recommendations of organisations such as the National Health and Medical Research Council, the National Heart Foundation and others.

If you elect not to be part of our recall and reminder system, please complete the form below and a note will be made in your file.

Even when you agree to be included in the Recall and Reminder system, you should remember when you should be tested for certain conditions and should always contact your doctor to get the results of test that has been performed. We may not always be able to reach you, especially if you have moved and the contact information on your record has not been updated.

Please discuss with your Doctor any concerns you have of if you wish your doctor to make clear anything to do with the Recall and Reminder system.

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Date:/.../....

Iof.....

Do wish

OR (please delete)

Do not wish

to be part of your recall system. This includes any children aged 14years and under.

Signed: