

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Preferred Name. (if applicable)	<input type="text"/>	Birth Sex	<input type="checkbox"/> M	<input type="checkbox"/> F					
Date of birth (dd/mm/yy)		Gender							
<input type="text"/> / <input type="text"/> / <input type="text"/>		Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Other	<input type="checkbox"/>	Pronoun	<input type="text"/>

Medicare Card No.	Medicare Card Issue No.	Medicare card expiry date (mm/yy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/>

Pension, Health Care Card or Veteran Affairs no. (if applicable)	Type of DVA card	Expiry date (dd/mm/yy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

List DVA white card of conditions	<input type="text"/>
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Street address	Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address	Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Number	Work Number	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email
<input type="text"/>

Consent to receive SMS appointment reminders	Consent to receive clinical reminders and messages regarding results by SMS
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Occupation	<input type="text"/>
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Who can we contact in an emergency?

Name	Relationship to you
<input type="text"/>	<input type="text"/>

Home Number	Work Number	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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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.