

NEW PATIENT INFORMATION FORM – Crafter Medical Centre

Title: Master / Mr / Mrs / Ms / Miss / Dr / other (please circle)

Family name: _____

Given name: _____

Middle name: _____

Date of birth: ____/____/____ Sex: Male / Female / Other (please circle)

Ethnicity: _____ Language spoken at home: _____

Do you identify as Aboriginal and / or Torres Strait Islander person? Yes / No (please circle)

Address: _____

Postal address (if applicable): _____

Home phone: _____ Work phone: _____

Mobile phone: _____

Email address: _____

We infrequently send out an email newsletter with updates regarding our services eg flu clinic etc. Opt out

Medicare No: _____ Ref _____ Exp date: ____/____/____

Pensioner Concession card: _____ Exp date: ____/____/____

Health Care Card: _____ Exp date: ____/____/____

Commonwealth Seniors Health Card: _____ Exp date: ____/____/____

Dept Veteran Affairs number: _____ Gold / White card _____

If under 18 years, person responsible for accounts:

Name: _____ Date of birth: ____/____/____

Next of Kin Contact Person: Name: _____

Phone: _____

Relationship to patient: _____

Emergency Contact Person: Name: _____

Phone: _____

Relationship to patient: _____

Occupation: _____

Information about fees

Most healthcare services provided by this practice are covered, in part, by Medicare. We ask that payment of your account is settled at the completion of your consultation. EFTPOS facilities are available and we are happy to send your paid account to Medicare.

Privacy

As a provider of healthcare services it is important that you are aware of how any personal information collected by this practice is used. This personal information collected is that deemed necessary to best attend to, and treat the presenting health condition(s). Personal information is primarily used internally within the practice, but sometimes it is used to ensure quality and continuity of health care for you and must be partially or fully disclosed to others outside the organisation, depending on the circumstances eg. when referring to a specialist medical practitioner or when requesting blood tests, urine tests, x-rays etc. when itemising accounts for Medicare.

Freedom of information

All patient files that include personal information, test results etc, are the property of this practice. However, should you choose to visit another doctor at any time, copies of the appropriate files can be forwarded on receipt of your written request. Under no circumstances will

this practice provide or divulge personal information without your prior written consent. Please note that a small administration fee may be associated with this service.

Please read and sign your acknowledgement below

I have read and understand all information provided regarding fees, privacy and freedom of information. If a debt collection agency is employed to recover unpaid accounts, additional collection fees will apply.

Name: _____ **Signature:** _____ **Date:** _____