

# New Patient Information Form



This form is used to collect information both for statistical purposes and to form the basis of your medical record.

## PATIENT INFORMATION

Title (please tick)  **Mr**  **Mrs**  **Ms**  **Miss**  **Master**  **Dr**  **Prof**  **Other** .....

Family Name ..... Middle Name .....

First Name ..... Preferred Name .....

Date of Birth ..... Gender  **M**  **F**  **Other** .....

*For statistical purposes only, please provide your ethnicity and tick if appropriate*

**Ethnicity** (eg, Australian, Macedonian, English, Italian) .....

**Aboriginal**  **Torres Straits Islander**  **Both**

Address .....

Postal Address (if different from above) .....

Phone **H** ..... **W** ..... **M** .....

Email .....

If we need to contact you, please tick where we may leave a message. **To ensure your privacy, we will only identify the surgery name and contact – NOT what we wish to speak to you about.**

My preferred contact is:  **H Phone**  **W Phone**  **Mobile**  **SMS**  **Email**

Medicare No ..... Individual Ref Line ..... Expiry Date .....

Concession card No ..... Ref No ..... Expiry Date .....

Concession (please tick)  **Pensioner Concession Card**  **HCC**  **Seniors Card**

DVA file No ..... Entitlement ..... Safety Net No .....

White Specified (please list conditions) .....

Health Ins Fund ..... Health Ins No .....

Religion ..... Occupation .....

**Authorised People:** I authorise the following person(s) to act on my behalf in regards to access to my records, results and other information that may be held by the surgery. I understand I can revoke this authority at any time by contacting the surgery in writing.

Contact Person 1: ..... Relationship to you: .....

Contact Details: Ph: ..... Mobile: ..... Email: .....

Contact Person 2: ..... Relationship to you: .....

Contact Details: Ph: ..... Mobile: ..... Email: .....

I heard about the Clinic (please circle)

Reputation

Website

Family/Friends

Advertisement

Yellow Pages

White Pages

Other: \_\_\_\_\_

Please turn over

2019 07 11 Office Use Only:

Entered and noted By.....(date)..... Scanned by ..... (date).....

**PERSON RESPONSIBLE FOR ACCOUNT (FOR PATIENTS UNDER 18 YEARS)**

Name ..... DOB .....  
Address .....  
Phone: Home ..... Mobile .....

**NEXT OF KIN AND EMERGENCY CONTACT**

**NOK Name** ..... **Relationship** .....  
Address .....  
Home phone ..... Mobile .....  
**Emergency Contact Name** ..... **Relationship** .....  
Address .....  
Home phone ..... Mobile .....

**PARENTING/GUARDIANSHIP ORDERS**

Are there any court issued parenting or guardianship orders in place for the patient? **YES NO**  
If **YES**, please provide a copy of these orders as soon as possible.

**BILLING AND FEES**

The GP's consulting from this clinic do not bulk bill and payment is required at the time of consultation. Do you agree to pay all invoices raised by your GP for services provided? **YES NO**

**Consent**

I consent to QGPSC handling my information for the purposes set out in its Policy, and I understand that I can request a copy of the QGPSC Privacy Policy at any time.

Signed: ..... Date: .....

**QGPSC – INFORMATION COLLECTION STATEMENT**

QGPSC collects personal information, including sensitive information about patients, staff and contractors before and during the course of an individual's request for services from the organisation. This may be in writing, in an electronic form or in the course of conversations.

The primary purpose of collecting this information is to enable QGPSC to provide services to patients and to provide them with referral to other services that would be of benefit to them. Some of the information we collect is to meet the organisation's legal obligations, particularly to enable QGPSC to discharge its duty of care. Law governing or relating to the operation of QGPSC require certain information to be collected and disclosed. These include relevant Health Record Acts, Health Act and other Public Health laws. Health information about our patients, staff and contractors is sensitive information within the terms of the Australian Privacy Principles under the Privacy Act.

QGPSC from time to time discloses personal and sensitive information to others for administrative and healthcare-related purposes, including facilitating the receipt of additional services such as pathology, radiology, specialist opinions and services, other health organisations or providers, government departments such as Medicare or your health insurer. Personal information collected from patients, staff and volunteers may be stored on electronic or other media outside of the organisation, such as in the 'cloud'.

The QGPSC Privacy Policy sets out how a patient, staff member of contractor may seek access to personal information collected about them. However, there will be occasions when access is denied. Access would be denied, for example, where that access would have an unreasonable impact on the privacy of others, where access may result in a breach of the organisation's duty of care to the individual, or where an individual has provided information in confidence.

The QGPSC Privacy Policy also sets out how you may complain about a breach of privacy and how QGPSC will deal with such a complaint. If you provide QGPSC with the personal information others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to us and why; that they can access that information if they wish, and that QGPSC does not usually disclose this information to third parties.