



NEW PATIENT FORM

THE DOCTORS AND STAFF OF THE MALVERN MEDICAL CENTRE EXTEND A WARM WELCOME TO YOU AS A NEW PATIENT

Patient Details (Confidential Information)

Enter name as it appears on your Medicare Card

TitleSurname Given Names

Date of Birth / / Gender Ethnicity? Please specify.....

Are you of Aboriginal or Torres Strait Islander origin? Y/ N

Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander (please circle)

Address

Suburb Postcode

Residential Address (if different to Postal Address)

Phone (home) (work) (mobile).....

Email Occupation

Medicare Number

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 Number next to patient's name

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 Expiry / /

Pension Number Expiry Date

Health Care Card Number Expiry Date

Commonwealth Senior's Health Card..... Expiry Date

Veterans Affairs Number Expiry Date

Next of Kin Relationship

Phone (home) (work) (mobile).....

Emergency Contact..... Relationship

Phone (home) (work) (mobile).....

How did you hear about us?

Word of Mouth Facebook Instagram Google Search Other

Do you have any known ALLERGIES? (eg Penicillin) YES / NO

List allergies and intolerances to medications.....

Alcohol consumption Y/ N days per weekdrinks per day

Smoking status smoker non-smoker ex-smoker (please circle)

Cigarettes per day 1 – 10 10 – 20 20+ (please circle)

I have read all of the information above and understand that I am responsible for payment of all accounts

SignatureNameDate

We appreciate payment in full on the day. Thank you



SMS CONSENT

The purpose of this form is to inform you and seek your consent to the use and disclosure of your personal information (including health information) in regards to our reminders and notifications systems within our practice.

Malvern Medical Centre is committed to providing our patients with quality health care. As part of our commitment, we have implemented technology solutions to enable communications with our patients via SMS.

Acknowledgements and Consent

I acknowledge and agree that, in the course of providing health care services to me, Malvern Medical Centre may need to use and disclose my personal information (including any health information) as set out in this form.

I wish to receive communications (as described above) and I hereby specifically consent to the use of my personal information (including any health information) by this general practice to assess the types of health awareness communication it sends me and specifically consent to receipt of such health awareness communications.

My preferred contact method for all communications is:

SMS Letter

Please provide your most current telephone contact details

I acknowledge that the Malvern Medical Centre will use contact details provided by me (as updated by me from time to time) to communicate with me. To the extent that the mobile number I have provided to this general practice is utilised by more than one patient, I understand and consent that all SMS and phone communications will be directed to that number.

Please complete and sign below if you understand and agree to the acknowledgements and consent set out above.

Patient's Name

Parent / Guardian Name (if patient is under 18yrs)

Signature Date

In keeping with our obligations under Privacy Act 1988 (Cth) and Australian Privacy Principles and under State and Territory health records legislation, we wish to inform you of the purposes for which we may use your personal information and how we may use and disclose your personal information (including health information). Please refer to our privacy policy or privacy statement for more information on the management of personal information (including health information) by Malvern Medical Centre.

In addition to other communications we may send you from time to time, we may send you the following types of communications:

1. **appointment reminders** – notifications to you to remind you of upcoming appointment dates with the practice as well as allowing you to confirm your appointment;
2. **clinical reminders** - notifications to you to remind you to contact the practice to arrange appointments for regular clinical check-ups, medical procedures, immunisations due;
3. **clinical communications** - communications to you about your clinical care at the practice such as returned pathology results or clinical messages from the medical practitioner; and
4. **health awareness** – communications to you in relation to general health care information and health care services provided by this general practice including notification about changes to our clinic opening hours, and information about health care services provided by this general practice.

We may use third party service providers (which may be located outside of this State or Territory) and disclose your personal information (including health information) to them, to assist us in sending you the above communications. To the extent practicable, we will send you communications via your preferred contact method indicated below. However, you acknowledge that we may contact you using any of your contact details that you may provide to us from time to time as we consider appropriate.