

# NEW PATIENT REGISTER

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender at Birth: Male/Female/Other \_\_\_\_\_ Identified Gender if different : \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_ Suburb: \_\_\_\_\_ P/Code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Suburb: \_\_\_\_\_ P/Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address (personal): \_\_\_\_\_ @ \_\_\_\_\_

**Do you Identify as (please circle) Aboriginal? Torres Strait Islander? Neither? Both?**

**If Aboriginal or Torres Strait Islander are you registered for CTG (Closing the Gap)? Yes / No**

**Do you identify from a culturally diverse and/ or non-English speaking background? Yes / No**

**IF Yes, Where** \_\_\_\_\_

How did you hear about Coolum Beach Medical Centre? (please circle): Word of mouth/Google/Facebook/Other

Next of Kin (full name): \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (full name): \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Reminder Systems:**

Coolum Beach Medical Centre provides our patients with preventive health reminders e.g. immunisations, cervical screening tests and skin checks etc. We can provide these reminders via SMS, email, or post. These reminders may remind you of future appointments and allow you to confirm your appointment. They may also notify you about your clinical care at the practice, such as returned pathology results or clinical messages from the medical practitioner. The practice will also send clinical reminders, reminding you to contact the practice to arrange appointments for regular clinical check-ups, medical procedures, immunisations, specialist letters etc.

**If you wish to opt-out of the reminder system, please let reception staff know.**

**I wish to receive health awareness communications (as described above) and I consent to the use of my personal information (including any health information) by this general practice to assess types of health awareness communication.**

My preferred method of contact for all communications is:

Phone  Letter  SMS  Health Engine App  Email

**Please present this form, your Medicare card, any Concession card, and a form of photo ID to reception.  
Please Turn Over**

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### *OFFICE USE ONLY*

- Data entered into Best Practice
- Medicare/Concession Card/Photo ID sighted by \_\_\_\_\_
- PRODA check performed by \_\_\_\_\_

# CONSENT FORM- GENERAL COLLECTION AND USE OF PERSONAL INFORMATION

**Coolum Beach Medical Centre** has produced a Privacy Policy that outlines how we collect and use your personal information generally, specifically your personal medical information, and how you can access this information.

Our practice adheres to Australian Privacy Principles and to the 'RACGP Handbook for the Management of Health Information'.

Your personal medical information may be collected, used, and disclosed for the following reasons.

- For use by Medical practitioners in this practice when consulting with you.
- For communicating relevant information with other treating doctors, specialists, or allied health professionals, to help achieve better health outcomes for you.
- For follow-up, reminder and recall notices.
- For accounting, Medicare, or Insurance purposes.
- Quality improvement activities such as accreditation.
- As required by law.
- For employment, Workcover, Rehabilitation purposes where you have attended for that purpose.
- De-identified database searches for Public Health Planning.

This consent form enables us to collect and use your information to provide comprehensive, coordinated and continuing whole person medical care.

We will require a separate specific signed authority from you to release medical information, or a copy of our records, about you to insurance companies, lawyers or another Medical Practice, unless we are required by law to release this information.

The people that have access to your medical information are: -

- The doctors at "Coolum Beach Medical Centre".
- The nurses at "Coolum Beach Medical Centre".
- The senior Administrative staff at "Coolum Beach Medical Centre".

Other people including the administration staff, have access to your general, demographic, and financial information, and may be exposed at various times to some medical information about you in the general course of looking after your health outcomes.

We will at no time divulge any information except in the above scenarios. Any breaches of this policy will be considered serious misconduct.

If you have any questions in relation to this consent form or our privacy policy, please ask our practice manager or the Doctor that you are seeing.

Access to the personal information held by us, about you, can be requested of the practice manager, or to the treating practitioner.

**I consent to the collection and use of my information as described above and in the privacy policy:**

Patient Name: .....

Signature of patient/ person responsible\* .....

Print Full Name (if different to patient) ..... Date: .....

\*A "person responsible" means a person defined as a "person responsible" under the Privacy Act 1988 including the patient's partner, family member, carer, guardian, close friend, and a person exercising power under an enduring power of attorney.

# Complete and give to the nurses

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Do you have any allergies? Yes / No . If yes, please give more details.

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Smoking Status: Yes / No / Ex-Smoker \_\_\_\_\_ How many per day

What year did you start? \_\_\_\_\_ What year did you stop? \_\_\_\_\_

Do you drink alcohol? No / Yes How many days per week \_\_\_\_\_

How many standard drinks on those days? \_\_\_\_\_

Are you an Elite sportsperson? Yes / No

Are you breastfeeding? Yes / No Are you Pregnant? Yes / No

What is your Occupation? \_\_\_\_\_

Marital Status - Single / Married / Divorced / De facto / Separated / Widowed

What type of accommodation do you live in? Own home / Hostel / Nursing Home / Rental

Do you have a carer? Yes / No Are you a designated carer for someone else? Yes / No

Do you have a regular pharmacy? If so, please specify: \_\_\_\_\_

Please provide details of any community services you use. E.g. Blue Care, Meals on Wheels, Home Care, etc.

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Do you require a Translator or Relay Service? Yes / No