New Patient Information Form

We are committed to providing our patients with the best care, to do this it is essential that your medical records are up to date and accurate. It is your right to decline to provide information, but doing so may affect you health care.

All information you provide to Gordonvale Family Medical Centre will be handled in accordance with our Privacy Policy. This policy complies with the *Privacy Act 1988*. Your information will only be used for purposes directly related to your health care, except in the circumstances outlined in our Privacy pamphlet, or where you have given your specific consent. A copy of our Privacy Policy is available at Reception. Please do not hesitate to discuss any concern, questions or complaints about your privacy with your Doctor.We collect your personal information if you email us directly, over the telephone or through written correspondence. Personal information may also become available to us through record transfer at your consent and reporting of results from specialist Doctors, pathology or imaging. Indirectly your information can also be obtained through your reviewing of our practice on Google (to whom you have provided consent).

Surname/Family Name		**First/Given Name(s)**	
Preferred Name		**Preferred Title**	**Mr Mrs Ms Miss Mast Other**
Date of Birth		**Marital Status**	
Sex at birth (please circle)	**Male Female Other Decline to answer**	**Gender identity (please circle)**	**Female Male Non-binary Gender diverse Transgender Other**
Country of birth		**Ethnicity**	
Home Phone		**Mobile Phone**	
Work Phone		**Email (Home)**	
Residential Address			
Postal Address			
Medicare Number		**Reference No Expiry Date**	
DVA Number		**Gold / White?**	
Pension Type & No.		**Expiry Date**	
Health Care Card No.		**Expiry Date**	
Private Health Cover		**Occupation**	
Next of Kin		**Contact Phone**	
Emergency Contact		**Contact Phone**	

Please turn over form and complete second page

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Communication consent: Health information, Health Reminders, Appointment Reminders and Clinical Correspondence

***Health Reminders**: Our practice provides our patients with preventive care and early detection reminders, e.g. immunisations, health checks, skin checks, chronic disease management and pap smears.*
***Appointment Reminders**: We may send you reminders for your upcoming appointment as a text message to your mobile phone. The message will ask you to confirm your appointment by replying YES or to call the Practice to arrange another time.*
***Health information**: To support your understanding of health information as it relates to a specific consultation, we may provide you with material to support your knowledge and understanding (leaflets, database online resources)*
***Clinical correspondence**: We may transfer correspondence to you at your request directly from our secure practice management software to your phone by sms or email. Examples include e-scripts, results, reports, certificates.*

Do you consent to the abovementioned being sent to you by post or email or sms?
Reminders will be sent to the address or number we have on record, please be sure to let us know if you have moved, changed your email or mobile phone number. If no to a particular communication, please cross it out.

☐ Yes ☐ No Signature:

Services and assistance

To assist with health initiatives and the planning and provision of appropriate and improved health care and services:

- **Are you of Aboriginal or Torres Strait Islander origin?**

  ☐ No

  ☐ Yes, Aboriginal

  ☐ Yes, Torres Strait Islander

  ☐ Yes, both Aboriginal and Torres Strait Islander

- **Do you require an interpreter?**

  ☐ No ☐ Yes, language ……

- **Do you require AUSLAN services?**

  ☐ No ☐ Yes

Patient behaviour – Please read

We have zero tolerance for patients behaving aggressively toward staff and Doctors at this practice. By becoming a patient, you will commit to adhering to appropriate behaviour that makes our workers feel safe and allows them to meet their job requirements.

Cancellation policy
To allow other patients to be seen, please cancel with at least 2 hours notice. If not, you may be asked to pay a $40 fee. If you fail to attend 3 appointments, you will no longer be able to book an appointment.

Thank you for providing this information. Please hand this questionnaire to Reception when complete.