

New Patient Form

Welcome! We are committed to providing our patients with the best care. To do this it is essential that your health record is kept up to date and accurate.



Patient's details

Title: _____ Surname: _____ Given Names: _____

Date of birth: ____/____/____ Gender (please tick): Male Female

Marital Status Single Married Defacto Separated Divorced Widowed

Medicare No. _____ Ref No. ____ Exp.Date _____ Private Health Fund Yes No

Pension, Health Care Card or Veterans Affairs Number (if applicable) _____ Exp Date _____

Occupation _____ Employer _____

Home Address _____

Postal Address _____

Phone (home) _____ (work) _____ Mobile _____

Allergy: _____

Emergency contact

Name _____ Relationship to you _____

Phone (home) _____ (work) _____ Mobile _____

Next of Kin (if different to above)

Name _____ Relationship to you _____

Phone (home) _____ (work) _____ Mobile _____

Australia is a genuinely multicultural society. To tailor appropriate care, encourage understanding and appreciation between people from different nationalities and backgrounds –Do you identify as someone from a culturally and/or linguistic diverse background?

Yes - Please elaborate _____

To assist with health initiatives - are you Aboriginal or Torres Strait Islander?

Yes - Aboriginal Yes - Torres Strait Islander Yes- Aboriginal & Torres Strait Islander No

Appointment Reminders, Messages & Emails

You may be sent an SMS Message reminding you of your appointment time. Please advise reception staff if you do not wish to receive SMS reminders, any other messages or emails.

I do consent to receive SMS reminders, messages and emails *

Yes No

Privacy Statement

MC Medical and Dental is committed to maintaining the confidentiality of your personal health information. Your medical record is a confidential document. It is policy of this Practice to maintain security of personal health information at all times and to ensure that this information is only available to authorized members. We have a more comprehensive Privacy Act Policy that you are welcome to read upon request.

I accept this privacy statement *

Yes No

Payment Policy

Full payment is required at the time of consultation. Cash, EFTPOS and credit cards are accepted. Work Cover and TAC patients are charged private fees and can claim the cost of consultations back from their Employer, Work Cover Insurer or TAC. In some situations, this may result in a gap between our fees and the amount refunded by the Employer, Work Cover Insurer and TAC. Outstanding accounts referred to our debt collecting service will incur a debt collection fee.

I accept this payment policy *

Yes No

Recalls

Our practice uses a reminder system to improve the quality of your health care. The practice sends reminders by mail or telephone for procedures such as vaccinations, pap smears and other health reviews.

I accept this recall policy *

Yes No

Transfer of Health Information

You may have consistently consulted with a GP at another practice. The health information held by that GP may assist us with your future health care needs. You may wish to have a copy or a summary of your health records transferred to this practice. Please ask the receptionist for information about how this can take place.

Follow-ups and referrals

We ask patients to book follow-up appointments to review any test results before being discharged from care and advise the practice if unable to proceed with any recommendations (referral, management plans, etc.) so that other arrangements can be made for you.

How did you hear about our clinic?

Friend/Family Google flyer/advertisement Building sign Facebook Other

Please check attached patient information sheet and tick once viewed and agree with the information provided

Please inform us if your contact information or Medicare details have changed.

Signature of patient or guardian _____ Date ____ / ____ / ____