

Hamilton Family Practice - Patient Registration & Privacy Form

ABN 50 415 094 291

130 Lonsdale Street, Hamilton, VIC 3300

Ph.no: 03 5572 5592

Surname:							
Given Name:							
Mr/Mrs/Ms/Miss/Mast		DOB		OCCUPATION			
Medicare Card No:			Ref. No.		Expiry:		
Pension Card No:			Expiry:				
Health Care Card No:			Expiry:				
Veteran Affairs Card No:			Type of Card:		Expiry:		
ADDRESS:						Postcode	
PHONE	H		W		MOB		
Are you willing to be contacted by		SMS	Y / N	EMAIL:			
Country of Birth:							
Are you Aboriginal or Torres Strait Islander (ATSI)?							
Allergies: Are you allergic or sensitive to any medications? Y/N? If so please list.							
Emergency Contact: In case of emergencies who should we contact? Please list all emergency contact numbers including Home (H), Work (W), Mobile (M) for your emergency contact.				Name:			
				Relationship:			
				Contact No:			
Social History:				Family History			
Do you smoke? How many per day?				Married		De facto	
Have you smoked previously? Quit Date?				Single		N/A	
Drink Alcohol? How many per day/wk?				Significant Medical conditions in your family:			
Do you want to Quit any /all of the above?							
Confidential Past Medical History:							
Have you ever been a patient in a hospital?							
If so, for what reason?							
Are there any chronic disease/s you have suffered or currently suffer from?							
Do you take regular medication? Please list							

Privacy Agreement & Patient Consent:

I understand that Hamilton Family Practice and associated Medical Centres comply with the privacy Act (1988) and as part of their privacy policy they are committed to protecting the privacy of individuals and their personal information. My signature below indicates that I have read the above and consent to Hamilton Family Practice collecting, using, storing and disposing of my personal information; the release of relevant personal information to other health professionals to allow quality medical care; inclusion in a recall register to be advised of follow up visits; inclusion in national/state reminder systems/registers, medical updates and health information and the release of relevant personal information to my (prospective) employer, their authorised representative and their insurer in the case of a work related consultation or service.

I understand I may withdraw my consent for Hamilton Family Practice to use and disclose my personal information (except when legal obligations must be met).

I am aware and understand the administration fee structure. I consent to pay the ONE OFF administration fee to avail the services.

Financial Consent:

I agree that the above is true and accurate record. I understand that Hamilton Family Practice requires on the day of treatment, although we are a Bulk Billing practice there are occasions we may have to invoice you for consumables and surgical fees etc.... The fees need to be paid on the day of the treatment. Any expenses or costs incurred by Hamilton Family Practice in recovering outstanding money including debt collection fees will be paid by the parties above.

Reminder System:

Our medical practice provides our patients with preventative care and early reminders, for example: Immunization, Annual Health Checks and Pap Smears.

Do you wish to have any relevant health reminders sent to you?

If you wish not to please notify the reception staff to take note onto your personal file.

YES / NO

If we need to contact, you what is your preferred method? (Please circle below)

Home Phone

Mobile

Mail

SMS

Patient's Signature:		DATE:
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Please tell us how you have heard / known about us: Friend Flyer News Paper
Social Media Radio Drive Past



Clinical Information for Children 16 and Under

As a new patient, completing this form helps us get a detailed overview of your child's health. This form is confidential and will only be kept in your confidential medical record.

Please tick routine immunisations received:

Birth 2 months 4 months 6 months 12 months 18 months 4-year-old

School Immunizations (please list)

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Any health problem during pregnancy?

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Any past or current health/developmental issues?

