Ocean Keys Family Practice

**New Patient Information**

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

| Title | Mr Mrs Ms Miss Mstr | | | | |
| --- | --- | --- | --- | --- | --- |
| Surname |  | | 1st & 2nd NAMES |  | |
| Date of Birth |  | | | | |
| Address |  | | | | |
| Suburb/Post code |  | | | | |
| Phone - Home |  | Phone - Work | | |  |
| Phone - Mobile |  | Email Address | | |  |
| Medicare Number | Reference Expiry | | | | |
| Veterans’ Affairs | Expiry | | | | |
| Pension/Concession | Expiry | | | | |
| Country of Birth | Ethnicity: | | | | |
| Year of Arrival in Australia |  | | | | |
| Spoken Language |  | | | | |
| Interpreter Required |  | | | | |
| Next of Kin | Phone: | | | | |
| Emergency Contact |  | | | | |
| Employer Name, Address and Phone |  | | | | |
| Please tick ATSI | * Aboriginal * Torres Strait Islander * Aboriginal and Torres Strait Islander * Neither Aboriginal nor Torres Strait Islander | | | | |

We provide our patients with preventative care reminders such as immunisations, annual health assessments and pap smears. Do you wish to have relevant health reminders sent to you

**Please circle: Yes No**

**If we need to contact you what is your preferred method ?**

**Please circle: Home phone Mobile Work Phone Mail**

**Do you have any health concerns you would like more information on?**

### Please circle: Have you registered for My Health Record Yes No

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consent to Collect Information

The practice collects various data for proper management of our clinical practice. This data is essential for managing a clinical practice and for ensuring the highest level of medical care.

The data that are collected include:

* Clinical and medical data pertaining to visits attended at our practice
  + Previous medical records
  + Correspondence from other medical providers including specialists and allied health providers
  + Reports from diagnostic testing
  + Treatment plans and formulations including medications prescribed, therapies and referrals to other providers.
  + Reports and certifications for outside agencies such as driving assessments and workers compensation certification
* Billing and accounting data
  + Billing records including medicare item numbers billed, accounts created and payments entered

These records are generally kept electronically and access is shared among our GPs and staff responsible for your care. You have the right to restrict access to your record. If you wish to do so, please discuss this with your GP. With regard to your medical information, it is essential that your doctor has a complete picture of your health.

The practice has a procedure which guides your access to your medical information. Should you want to access your record, please discuss this with the practice manager.

Our records are used in in-practice clinical audits and health department statistic collection as a quality assurance process, to ensure that we are providing you with the highest standard of medical care. We also provide information to government bodies where required to do so by law eg. Under subpoena or for Health Department notification of communicable diseases.

This practice participates in research, although when it involves you, we will ask you for additional consent. Be assured that where research is involved, any trial must be approved by an appropriate ethics committee.

A full copy of our Health Information Management Policy is available on request.

I consent to the collection of my personal health information for the purposes outlined above.

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Signed Date