

MY GP TAMWORTH

Patient Registration & Information form:

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.

Part A: ALL patients are asked to complete the following.

Title: Mr Mrs Ms Miss Mast Other:



Surname:

First Name: Middle Name:.....

Preferred Name: Date of Birth:

Street Address:

.....

Mobile Phone: Home Phone:

Work Phone: Occupation:

Email:

Medicare Number: Ref: Expiry Date:
(Number next to name on card)

Department Veterans Affairs Number:(Please specify gold/white/orange)

Pension Number: Expiry Date:

Health Care Card: Expiry Date:

Private Health Fund Name: Member Number:

Workers Compensation Details (If seeing GP for Workers compensation matter)

Insurance Company:.....Claim Number:.....

Next of Kin details:

Name: Phone: Relationship:

Emergency contact details:

Name: Phone:Relationship:

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? (please tick appropriate box)

Aboriginal Torres Strait Islander Neither Other (Please specify below):

*Please see attached **PATIENT CONSENT FORM** that needs to be signed and returned to reception.*

PLEASE TURN OVER

*My GP Tamworth
Shop 32-34, 432-452 Peel Street Tamworth NSW 2340
Po Box 386, Tamworth NSW 2340
Phone: 02 5701 5533 Fax: 02 5701 5534
Email: reception@mygptamworth.com*

Patient Consent

For Practice Communications

In keeping with our obligations under Privacy Act 1988 (Cth) and Australian Privacy Principles and under state and territory health records legislation, we wish to inform you of the purposes for which we may use your personal information and how we may use and disclose your personal information (including health information). Please refer to our privacy statement <https://www.mygptamworth.com/the-practice> for more information generally on the management of personal information (including health information) by this general practice.

Payment: We are a private billing practice, payment will need to be made for all consults including telehealth, see our website or ask staff to see up-to-date practice fee's.

This general practice is committed to providing our patients with quality health care. As part of our commitment we have implemented technology solutions to enable communications with our patients via SMS and our preferred mobile app. In addition to other communications we may send you from time to time, we may send you the following types of communications:

1. **Appointment reminders** – notifications to you to remind you of upcoming appointment dates with the practice as well as allowing you to confirm your appointment also if there might be a change in the appointment.
2. **Clinical reminders** – notifications to you to remind you to contact the practice to arrange appointments for regular clinical check-ups for Eg. medical procedures, immunisations, chronic disease management plans;
3. **Clinical communications** – communications to you about your clinical care at the practice for Eg. returned pathology results or clinical messages from the medical practitioner; and
4. **Health awareness** – communications to you in relation to general health care information and health care services provided by this general practice for Eg. When flu vaccines have arrived, notification about changes to our clinic opening hours, and information about health care services provided by this general practice.

Acknowledgements and Consent

I acknowledge and agree that, in the course of providing health care services to me, the general practice may need to use and disclose my personal information (including any health information) as set out in this form.

I wish to receive health awareness communications (as described above) and I hereby specifically consent to the use of my personal information (including any health information) by this general practice to assess the types of health awareness communication it sends me and specifically consent to the receipt of such health awareness communications.

I acknowledge that the practice will use contact details provided by me (as updated by me from time to time) to communicate with me. To the extent that the mobile number I have provided to this general practice is utilized by more than one patient, I understand and consent that all SMS and phone communications will be directed to that number.

By signing this you have read and understand our consent form and practice communication policy.

Please complete and sign below if you understand and agree to acknowledgement and consent set out above.

Patient Name: _____

Parent/Guardian
Name (if under 16): _____

Signed: _____ Date: _____