

Patient Details

Title: _____ Surname: _____ Given Names: _____
 DOB: ____/____/____ Pronouns: He:Him / She:Her / Them:They Birth Sex: M / F
 Address: _____ Gender: Male / Female / Other
 Suburb: _____ Post code: _____ Marital Status: _____
 Phone: H: _____ W: _____ M: _____
 Email: _____

Medicare, Centrelink & Veteran's Affairs

Medicare No: _____ Line No: _____ Expiry: ____/____/____
 Centrelink CRN: _____ ☐ Health Care Card ☐ Pension Card
 Veteran's Affairs: _____ Colour: _____ Expiry: ____/____/____

Emergency Contact Persons

Next of Kin: _____ Relationship: _____
 Phone: Home / Work _____ Mobile: _____
 Emergency Contact: _____ Relationship: _____
 Phone: Home / Work _____ Mobile: _____

Cultural Background

Are you of Aboriginal or Torres Strait Island descent? ☐ Aboriginal ☐ Torres Strait ☐ Both
 Do you identify as someone from a culturally and/or linguistically diverse background? ☐ Yes ☐ No
 If yes, please specify culture/nationality: _____
 Do you require interpreter assistance? ☐ Yes ☐ No Native Language: _____

Consent

Medika Health Clinic uses a reminder system to help you maintain your health. The Practice sends reminders via post, email, telephone and/or SMS for things such as vaccinations, pap tests and other health reviews.

Our Practice also sends information to the Australian Immunisation Register, and Pap Smear and Cancer Registers. These registers also send reminders, which can be helpful if you move address.

Do you consent to SMS appointment reminders? ☐ Yes ☐ No
 Do you consent to uploading records to your My Health Record? ☐ Yes ☐ No

General Health

Do you smoke? ☐ No, I've never smoked ☐ No, I quit ____ years ago ☐ Yes, ____ per day
 Do you drink alcohol? ☐ No, I never drink ☐ Yes, I consume ____ drinks per day, ____ days a week
 Height: _____ Weight: _____ Occupation: _____

If you would be more comfortable providing the above information to your GP directly, please provide this information to them during your consultation.

Family History

This risk assessment focuses on your close relatives including parents, children, brothers and sisters who are either living or dead.	Yes	No
Have any of your close relatives had heart disease before 60 years of age? Heart disease' includes cardiovascular disease, heart attack, angina & bypass surgery.		
Have any of your close relatives had diabetes? Diabetes' is also known as type 2 diabetes or non-insulin dependent diabetes.		
Do you have any close relatives who have/had melanoma?		
Have any of your close relatives had bowel cancer before 55 years of age?		
Do you have more than one relative on the same side of the family who had bowel cancer at any age? Please think about your parents, children, brothers, sisters, grandparents, aunts, uncles, neices, nephews, and grandchildren.		
Have any of your close male relatives had prostate cancer before 60 years of age?		
Have any of your close female relatives had ovarian cancer?		
Have any of your close relatives had breast cancer before 50 years of age?		
Do you have more than one relative on the same side of your family who has had breast cancer at any age? Please think about your parents, children, brothers, sisters, grandparents, aunts, uncles, neices, nephews, and grandchildren.		

Privacy Notice for Patients

To enable ongoing care and continuity of total quality improvement within this Practice, and in keeping with the Privacy Act 1988 and National Privacy Principles, we wish to provide you with sufficient information on how your personal health information and Medical Records may be used or disclosed to a third party and allow you the opportunity to either consent or deny release of your details.

Your personal health information and medical Records will only be used for the purpose for which they were collected, or as otherwise permitted by law. We respect your right to determine how your personal health information and Medical Records are used and/or disclosed.

This information we collect may be collected by several different methods, such as medical tests, consultation notes, Medicare and health insurance details, data collected, observations, and conversations with you and details obtained from other health professionals, i.e., specialist correspondence.

This Practice adheres to the principles of the Royal Australian College of General Practitioners (RACGP) Handbook (Fifth Edition) for the management of Health Information in private Medical Practice and has a written 'Privacy Policy' which is available to all patients on request.

I hereby consent to the use and disclosure of my personal health information and Medical Records, as required by Medika Health Clinic, for the following purposes:

- Providing pertinent information to other treating doctors, specialists, or allied health professionals
- Follow-up reminder/recall notices by mail, email and/or telephone
- National or State registers (i.e., Immunisation data)
- State or Territory reminder systems (i.e., Cervical screenings)
- Accounting, Medicare and health Insurance procedures and collection of professional fees
- Quality Assurance activities, such as Accreditation
- Disease notification as required by law (i.e., Infectious diseases)
- Use by all doctors, nurses and allied health professionals when consulting with you in this Practice
- Lawful disclosures as required by law (i.e., subpoenaed documents), and
- For research purposes (anonymised).

If I have concerns or wish to restrict access to my personal health information, I will discuss this with my doctor.

Patient Name

Guardian Name (for under 16 yrs)

Signature

Date