Gordon Family Medical Practice

PATIENT DEMOGRAPHIC REGISTRATION FORM

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other_____	**Surname:**	**First Name:**
Gender: ☐ Male ☐ Female ☐ Other	**Date of Birth:** (DD/MM/YYYY)	**Ethnicity:** ☐Australian ☐Brazilian ☐British ☐Chinese ☐Colombian ☐Indian ☐Italian ☐Korean ☐Thai ☐ Other:_____
Marital Status: ☐Single ☐Married ☐Defacto ☐N/A ☐Separated ☐Divorced ☐Widowed		
Sexuality: ☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐N/A	**Are you of Aboriginal or Torres Strait Islander origin?** ☐ No ☐ Yes Aboriginal ☐ Yes Torres Strait Islander ☐ Both	
Medicare Number & Reference No.	**#** **Ref:**	**Expiry:**
Do you have a Centrelink/Pensioner Concession/Seniors Healthcare Card? ☐Yes ☐ No	**#**	**Expiry:**

Unit/Street Number/ Street Address			
Suburb		**Postcode**	
Mobile Phone No.		**Home/Work Phone No.**	
Email Address			
Next of Kin	First Name / Last Name / Relationship to you / Contact Number		
Emergency Contact ☐ **Same as Next of Kin**	First Name / Last Name / Relationship to you / Contact Number		

ALLERGY: Do you have allergies to any medication?

☐ Nil known ☐ Yes. Please elaborate:

MY HEALTH RECORD
(MEDICARE CARD HOLDERS ONLY)

MyHealthRecord allows allergies, significant conditions, medications and immunisation records accessible online by you and other Healthcare Providers.
All **IMMUNISATION RECORDS** at this clinic will be uploaded to MyHealthRecord.

Please tick 'No' if you DO NOT wish to have your **IMMUNISATION RECORDS** updated on MyHealthRecord ☐**No**

RECALLS & REMINDER SYSTEM

Our practice has a **recall system** in place for results that need to be followed up with an appointment.
All results are discussed by the Doctor only.

Our practice sends routine **preventive care SMS reminders** e.g. Immunisations, Health checks, Cervical screenings etc.
Please discuss with your doctor should you wish to opt out of SMS reminders.
You may opt out of SMS reminders however please note the Practice will still call or send you a letter should the Doctor need to see you.

Significant Past/Active Medical Conditions:	**Family History – Any significant family history of illness & cancer? If Yes, please advise relationship and illness** ☐ No ☐ Yes _____	
Occupation:	**Alcohol** : ☐ No. ☐ Yes: ___ Days per week ___ Standard drinks per day	**Tobacco** : ☐ No. ☐ Ceased smoking ☐ Yes: Cigarettes ____ per day

Terms & Conditions

(a) The Practice collects personal information from me for the purpose of health management and associated administrative purposes
(b) The Practice operates strictly on an appointment basis (except for genuine emergencies)
(c) Patients must present on time for all appointments (being late may result in forfeiture of the appointment)
(d) Failure to attend on time, without giving us at least 1 business hour's notice of cancellation by telephone, will result in a 'no-show' fee being charged (equivalent to the consultation fee for the scheduled appointment)
(e) Patients will treat the doctors and staff with courtesy and follow their directions while within the practice at all times
(f) Doctors reserve the right to refuse service except in genuine life-threatening emergencies
(g) It is the patient's responsibility to undergo all tests and investigations ordered for him/her and follow up on the results
(h) All results are to be discussed in a follow up appointment with the Doctor.
(i) Recalls, reminders and updates will be sent via email and/or SMS and/or letters by post.
(j) Any fees, if applicable, are payable at the time of service in accordance to our fee schedule.
(k) For each consultation either by telehealth, telephone or in person, including but not limited to health assessments and management plans, I offer to assign my rights to Medicare benefits to the doctors of Gordon Family Medical Practice who will render the medical service(s).

By signing this form, I agree to the terms and conditions listed above, confirm the information listed in the form is true and correct, and agree to inform the Practice of any future changes to the above details

Signature: _____ **Date:** _____/_____/_____