

New Patient Information Form



First Name:			
Surname:			
Date of Birth:			
Birth Sex (circle):	Male Female		
Gender Identity (circle):	Male Female Non-binary Gender Diverse Transgender Other		
Street Address			
Suburb and Post Code			
Home Phone			
Mobile Phone			
Email			
Occupation			
Medicare Number		Ref no: no. in front of name	Expiry date:
Medicare Head of Family	If parent is registering child, please provide parent name & Date of Birth ----->		
DVA Gold / White Number (Please circle)		Expiry Date	
Pension Number		Expiry Date	
Health Care Card Number		Expiry Date	
Private Health Cover			
Next of Kin (Name and Phone number)		Relationship	
Emergency Contact (Name and Phone number of the person we can contact if needed)			

We will routinely use SMS or Email as the most efficient & cost effective method to contact you for appointment reminders and recalls. Please tick if you do not wish to be contacted via these methods

For statistical purposes, do you identify as an Aboriginal or Torres Strait Islander or Both?
 Aboriginal Torres Strait Islander Both

For record purposes, do you identify as culturally diverse or have a non-English speaking background?

_____ Culture or Background tick if Interpreter is required

Do you have any known allergies or adverse reactions to drugs or food products?

No

Yes:

What is the product?

What reaction do you have?

Is reaction mild, moderate or severe?

Please turn over to consent & acknowledgement

Consent to Collect, Use and Disclose Personal Information

Peregian Beach Medical (PBM) endeavours to uphold the Australian Privacy Principles in collecting, maintaining and storing personal medical information in a private and secure manner. As a patient of PFMC, we ask that you provide us with your personal details and health information so that we may properly assess, diagnose, treat and be proactive in your health care needs.

We require your consent to collect, use and disclose your personal health information

PBM will collect your personal information for:

- Communications regarding treatments, notifications about recommended preventative health care services and appointments, and for accounting and billing purposes
- The diagnosis and treatment of health conditions, including disclosure to other doctors in the practice, specialists, locums and other health care providers to ensure quality patient care.
- Accreditation and Quality Assurance activities within the practice, using de-identified aggregate patient health information.
- To allow medical students and staff to participate in medical training and teaching, using de-identified aggregate patient health information.
- Artificial Intelligence Scribes may be used by your doctor during consultations, to listen to conversations and record consultation notes. This assists the doctor with accurate record-taking and time management.

Disclosure of Personal Health Information

PBM will not disclose your personal health information to a third party unless:

- You have consented to the disclosure
- In accordance with the Privacy Act 1988, the disclosure is to your responsible carer, if you are physically or legally incapable of giving consent to the disclosure or for compassionate reasons, unless there is good evidence of your wish to the contrary.
- Where legally obliged to disclose the information (e.g. notification of certain infectious diseases, suspected child abuse).
- Disclosure is necessary to prevent a serious or imminent threat to an individual's life, health or safety or to prevent a criminal offence or seriously improper conduct.
- It is required for judicial, administrative or coronial proceedings or is requested under a court order or subpoena.
- It is the subject of a search warrant, or is required to help identify or locate a patient.

Full or partial access to your medical records may be refused in circumstances where:

- Disclosure of health information may result in physical or mental harm to you or any other person
- The information may impact on the privacy of other individuals
- Information relates to existing or anticipated legal proceedings

You have the right to decline to have your personal health information used in some of the ways outlined above, but this may limit our ability to manage your health care and to provide you with the best outcome.

You have the right to amend information that you believe is incorrect.

Social Media Posts & Comments

We are happy to discuss & address any issues or concerns that you may have regarding your care whilst attending our practice. This can be done in the clinic, over the phone or in writing. Your feedback is appreciated and enables us to improve our practice and services. However, we are unable to respond to negative or defamatory reviews on social media platforms due to confidentiality restrictions, regulations and ethical codes.

Therefore, it is practice policy that we will not continue to provide services to individuals who leave such reviews as these acts undermine the ideal doctor-patient relationship and quality of care. Posting of such reviews will act as a termination of care (life threatening emergencies excluded)

Consent

I consent to PBM handling my information for the purposes set out above, and I understand that I can request a copy of the PFMC Privacy Policy at any time. I understand the practice policy in relation to social media posts & comments.

Signature _____
(Patient or parent/legal guardian if under the age of 18 years)

Date _____