

Galston Family Practice
New Patient Information

PATIENT DETAILS

Title: Master / Mr / Mrs / Ms / Miss

Given Name/s: _____ Surname: _____

Date of Birth: ___/___/___ Medicare No: _ _ _ _ _ Ref: ___ Expiry: ___/___

Pension, Health Care Card or Veteran Affairs No: _____ Expiry: _____

Address: _____ Postcode _____

Phone (H): _____ Phone (Work): _____ Phone (Mob): _____

Email Address (private): _____ Occupation: _____

NEXT OF KIN

Given name/s: _____ Surname: _____

Relationship: _____ Phone (H): _____ Phone (M) _____

EMERGENCY CONTACT

Given name/s: _____ Surname: _____

Relationship: _____ Phone (H): _____ Phone (M) _____

DETAILS TO ASSIST WITH OUR HEALTH INITIATIVES

If you are Aboriginal and/or Torres Strait Islanders please let us know as you are entitled to additional health initiatives provided by Department of Health. Tick the appropriate box below

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Country of Origin: _____ Ethnicity: _____ (e.g Chinese, Indian, Greek)

Allergies: _____

Allergy Reaction: _____

YOUR CONSENT IS REQUIRED

Galston Family Practice undertakes research, professional development and quality assurance/improvement activities to improve patient care. All people accessing personal health information for this purpose would have signed a written confidentiality agreement.

I consent to my health record being reviewed as part of the quality improvement activities at this practice.

The practice uses a reminder/recall system to improve the quality of your health care. The practice sends preventative health reminders by mail/SMS for procedures such as immunisations, pap tests, health reviews etc. Recalls are done either by phone or SMS following pathology, imaging and specialist consultations.

I consent to being contacted for reminders/recalls/quality improvement activities.

Signature of Patient/Guardian: _____ Date: _____

How did you hear about us? Please tick appropriate box below.

LOCAL ADVERTISEMENT LETTERBOX DROP FRIEND FAMILY Other _____