Section A: Personal Details

Title: Mr / Mrs / Miss / Ms / Master

Name: ..... **Surname:** ..... **Date of Birth:** ...../...../.....

Gender: Male / Female / Transgender **Marital Status**: Single / Married / De-facto / Divorced / Widow / Separated

Medicare Card No: ..... **Reference No** ..... **Expiry Date:** ..... /.....

Concession Card No: ..... **Expiry Date:** ...../.....

DVA (Veterans): ..... **Do you have Private Health insurance**: YES / NO

Home Address: .....

Suburb: ..... **Postcode**: .....

Home : ..... **Mobile:** ..... **Email**: .....

Occupation: ..... **Work contact Number:** .....

Section B: In case of an emergency

Name of Next Of Kin: .....**Their Relationship to you:** .....
Home : ..... **Mobile:** ..... **Work:** .....

Section C: Cultural Background knowing *your cultural background can help us provide healthcare that meets your needs*

Are you of Aboriginal or Torres Strait island origin? No / Aboriginal / Torres Strait Islander

Other cultural background *(e.g. Mediterranean, Asian, African)* .....

Country of birth: ..... **what year did you arrive in Australia?** .....

Is English your first language? YES / NO **Spoken Language:** .....

Section D: General Health *Do any of the following apply to you: (please circle)*

Asthma / Diabetes / Heart Disease / High Blood Pressure / Chronic Illness / Cancer/ Other *(please provide more information):*

.....

Do you have any Allergies? No / Yes *(please list)* .....

Do you Smoke? No / Ex-smoker / Yes *(frequency)* ..... **Do you consume alcohol?** No / Yes *(quantity/ frequency)* .....

Section E: Transfer of Health

You may have consistently consulted with a GP at another practice. The health information held by that GP may assist with your future health care needs. You may wish to have a copy or a summary records transferred to this practice. Please ask the receptionist for more information about how this can take place.

How did you hear about our clinic?

Word of mouth / Mail distribution / Driving or walking by / Internet / Yellow pages/ other .....

PLEASE TURN PAGE OVER →→→→

Our Practice uses a reminder system to maintain your health. The practice sends reminders by post, email, telephone or SMS for procedures such as vaccination, pap smears and other health reviews. Our practice also sends information to the Australian Childhood Immunisation register and Pap smear register. These registers also send reminders. We also require collecting personal information about you. Please read this form carefully and sign below.

Oakhill Clinic collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs. We will use your medical records;
In your medical treatment; This may include disclosure to individuals who are directly involved with your health care (and in any work cover or TAC claim) such as your general Practitioner, your other treating doctors and third party that is appropriately involved with your case. If we refer you to another health care professional, such as a specialist, pathology or radiology service we will disclose relevant information to them about your personal details and health.

- To conduct practice audit and medical research. In this case all data is analysed without including your indentifying personal details. Audit and research are important in maintaining high standards of medical practice. Audit of surgical practice is requirement of the Royal Australian College of General Practice.
- To meet a legal requirement for instance, if are issued with subpoena or summons.

Oakhill Clinic complies with the *Privacy Act 1988 (Cth), the Privacy Amendment (enhancing Privacy Protection) Act 2012 (Cth) and the Health Records Act 2001 (Vic).*

Patient Declaration

As a patient of Oakhill Clinic, I acknowledge that;

- I have read the information above and understand why my information must be collected. I am also aware that this practice has a privacy policy on handling patient information.
- I understand that I am not obliged to provide any information requested of me but that my failure to do so may compromise the quality of the health care and treatment provided to me;
- I am aware of my right to access the information collected about me, except in some circumstances where access might
- legimately be withheld. I understand I will be given an explanation in such circumstances.
- I understand that if my information is to be used for any other purpose other than set out above, my further consent will be obtained;
- I consent to the handling of my information by this practice for the purpose set out above, subject to any limitations on the access or disclosure that I notify this practice of;
- I may request access to my personal information, which may be granted in accordance with the practice's Access to Personal Information policy. I will be provided with a written reason if a request for amendment is denied.
- My personal information will not be used for direct marketing or disclosed to overseas receipting;
- I have the right to lodge a complaint about the handling of my personal information if I am dissatisfied, which will be dealt with in accordance with the practice's complaint handling procedure.

Name:

Signature: Date: