

# New Patient Form



*Building healthy communities through General Practice.*

Title:		Surname:	
First Name:		Middle Name:	
Preferred Name:		Date of Birth:	
Ethnicity/Religion:			
Do you identify as Aboriginal or Torres Strait Islander? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If <b>yes</b> please tick one of the following: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> ATSI			
Are you currently registered for the Closing the Gap Co-Payment? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(For more information about the Closing the Gap Co-Payment please speak with the receptionist)</i>			
Postal Address:			
Residential Address:			
Phone (home):		Phone (work):	
Phone (mob):		Email:	
Can we send you appointment reminders via SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Medicare Number:		Line No:	
Medicare Expiry Date:			
Concessions: <input type="checkbox"/> Pensioner Card <input type="checkbox"/> Health Care Card <input type="checkbox"/> Senior Card			
Card Number:		Expiry date:	
Department of Veterans Affairs Number:			
DVA Card Type: <input type="checkbox"/> Gold <input type="checkbox"/> White <input type="checkbox"/> Lilac <input type="checkbox"/> Orange			
Occupation:			
Allergies:			
<b>Next of kin</b>			
First Name:		Surname:	
Contact Phone:		Relationship:	
<b>In case of any emergency who should we contact?</b>			
Next of kin as above? <input type="checkbox"/> Yes <input type="checkbox"/> No..... If no please list details below:			
First Name:		Surname:	
Contact Phone:		Relationship:	

**<Please Turn Over>**

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## Privacy Notice for Patients

Privacy Policy Wheatbelt General Practice Northam, is bound by the Australian Privacy Principles under the Privacy Act 1988.

We are committed to complying with all applicable privacy laws which govern how the Practice collects, uses, discloses and stores your personal information.

To receive a copy of our full Privacy Policy, please ask a staff member or visit our website: [www.wheatbelt.com.au](http://www.wheatbelt.com.au)

We will not use or disclose your personal information to any other persons or organisations for any other purpose unless:

- You have consented;
- The use or disclosure is for a purpose directly related to providing you with health care and you would expect us to use or disclose your personal information in this way;
- We have told you that we will disclose your personal information to other organisations or persons; or
- We are permitted or required to do so by law.

You have the right to access your personal information in your health record. You can also request an amendment to your health record should you believe that it contains inaccurate information.

## Contacting the Doctor by Telephone

It is Wheatbelt General Practice Policy to take a message from any patient who calls and requests to speak with the doctor by telephone unless it is urgent. The doctor allocates time during his/her day to return patient phone calls so the call will be returned when the doctor is next available. If your enquiry is urgent please tell the receptionist so they can assist you in the interim.

## Results

All test results will be reviewed by your Doctor. Should your Doctor request a follow-up appointment, you will be contacted by a Patient Services Officer.

Patient Name:	
Signature:	Date:
If signing for the patient please print your name:	
Relationship to Patient: (eg. Mother, Father, Guardian)	