

ROSANNA MEDICAL GROUP
NEW PATIENT REGISTRATION

Aboriginal ☐ please tick Torres Strait Islander ☐
Country of birth _____ Year of arrival in Aus. _____

Cultural background _____

This helps the practice to provide culturally sensitive care.

Language spoken at home _____

Family name _____ Mr/Mrs/Ms/Dr

Given names _____ Gender identity: M /F /Other ____

Address _____

Telephone:
H) _____ W) _____

Mobile) _____ email _____

Date of Birth _____ Marital Status _____

Medicare Number _____ expiry date _____

Medicare reference number ☐ (the number beside your name)

Do you have private health insurance? ☐ Yes ☐ No

Name of fund _____

Membership number _____

Are you on a (please tick if yes) ENTITLEMENT NUMBER EXPIRY DATE

☐ Aged pension (Full pension) _____

☐ Health Care Card _____

☐ Dept. Of Veterans Affairs _____

☐ Other (eg TAC) please specify _____

	NEXT OF KIN DETAILS	EMERGENCY CONTACT
Please list 2 contacts. Please complete both sections.	Full name_____	Full name_____
	Home Ph: _____	Home Ph: _____
	Wk Ph: _____	Wk Ph: _____
	Mobile: _____	Mobile: _____
	Relationship to patient:_____	Relationship to patient:_____

Patient's Occupation: _____

Current/Ongoing Medical Conditions:_____

Family History – Has any member of your family had?

- ☐ Diabetes _____
- ☐ Asthma _____
- ☐ Heart Disease _____
- ☐ Mental illness _____
- ☐ Cancer _____
- ☐ Other _____

Allergy – Do you have any allergies or are you sensitive to any drugs or dressings?

Yes (if yes please list below) ☐ No ☐

1. _____
2. _____
3. _____

Social History:

Tobacco _____ day or ceased smoking date / /

Alcohol _____ drinks per day / week / month (circle as applicable)

Other / Drug use _____

Physical Activity (circle) NIL MODERATE ACTIVE OTHER.....

Nutrition (circle) BAD AVERAGE GOOD OTHER.....

If Known

Height _____ cms. Weight _____ kgs

Signature _____ Date _____

PRIVACY CONSENT FORM

(to be read in conjunction with the Rosanna Medical Group *Practice Privacy Policy*)

Rosanna Medical Group requires your consent to collect personal information about you and to use and share the information in the ways outlined in our Practice Privacy Policy. If you would like a copy of our Practice Privacy Policy please ask reception.

I, _____ have read and understand the information contained in the
insert patient name

Rosanna Medical Group *Practice Privacy Policy*, including:

- the types of personal information collected by the Practice, the reasons why it is necessary to collect it and the circumstances in which my personal information may be used or shared;
- that if my information is to be used for any purpose other than what has been set out in the Practice Privacy Policy further consent will be obtained.
- that I have the opportunity to "opt out" of any involvement in research, education of health professionals, quality assurance activities to improve individual and community health care and practice management and preventative health care reminders from RMG or other agencies e.g. AIR, Bowel Cancer, Cervical Screening through VCS Pathology. Please let reception know.
- that 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 access is denied;
- that I may request an amendment to my personal information if it is incorrect. I will be provided with a written reason if a request for amendment is denied;
- that my personal information will not be used for direct marketing or disclosed to overseas recipients;
- that I am not obliged to provide the Practice with my personal information, but withholding information may limit the Practice's ability to provide me with full service.
- that I have the right to deal with the Practice anonymously or under a pseudonym unless it is impracticable for us to do so or unless we are requested or authorized by law to only deal with identified individuals.
- that 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.
- that Doctors may need to access my medical history both at Rosanna Medical Group and Viewbank Medical Centre to enable continuity of care.

If you are unsure about signing and would like to discuss this further please ask reception.

Signed

Patient or parent/guardian of patient

Date
