Wynyard Medical Centre

Date:

New Patient Details Summary Sheet

Please complete this summary sheet to enable us to ensure that we are able to meet your health care needs

Personal Details:

Title:			
Given Name:			
Surname:			
Known As;			
Date of Birth:			
Address:			
Post Code:			
Phone	**H**	**W**	**M**
Medicare Card No:			
Reference No:		**Expiry Date**	
Concession Card No:		**Expiry Date**	
DVA Card No:			

Do you Identify as: Aboriginal or Torres Strait Islander? **Yes/No**

Another cultural background?:

Next of Kin			
Relationship to Patient			
Phone:	**H**	**W**	**M**
Second Emergency contact			
Relationship to patient			
Phone:	**H**	**W**	**M**

What number can we call you on regarding results, recalls or to change an appointment:

Can we leave messages for you identifying the surgery as the caller: **Yes/No**

I authorise the following person to take messages regarding a recall, reminder or change of appointment:

Name:	
Relationship:	**Ph:**

How did you choose this surgery? Please select from the following:

Website	Internet	Yellow Pages	Friend or Relative	Other

Personal Medical History:

N.B. Please advise your doctor of all medications you are taking, including alternative medications

Previous operations						
Dates						

Please select from the following items if you have any history of:

☐ Asthma ☐ Bleeding disorders ☐ Blood Clots ☐ Diabetes ☐ Excessive Bruising

☐ Headaches ☐ Heart related Problems

Please select from the following if you have a family history of:

☐ Asthma ☐ Bleeding disorders ☐ Blood Clots ☐ Diabetes ☐ Ezcema

☐ Headaches ☐ Heart related Problems

Smoker **Yes/No**
Number of cigarettes daily:

Please tick the following for any history of adverse reactions to:

☐ Previous reaction to anaesthetics

☐ Previous reaction to sulphur

☐ Previous reaction to aspirin

☐ Previous reaction to other medication

☐ Allergies
Give Details

☐ Previous reaction to adhesive tape etc

☐ Previous reaction to antiseptic lotions or creams

☐ Previous reaction to local anaesthetic agent

☐ Are you taking any medications currently including aspiring and over the counter medications? Yes/No
List Medications:

Billing:

Bulk Billing is available to pensioners, health care card holders and children under the age of 16.
Bulk Billing is at the discretion of your GP, please discuss any queries concerning financial arrangements with your doctor.
Payment for accounts is expected on the day of consultation, however, Medicare Easy-claim and Tyro is available to minimise your out of pocket expenses.

Privacy in our Medical Practice:

We value the doctor-patient relationship. Patient privacy is vital to such a relationship. The Privacy Act 1988 and its recent amendments formalise the already existing and acknowledged privacy obligations of our practice.

Our doctors and staff collect information from patients primarily to provide proper care and treatment. We have a legal and ethical duty to protect patient information. Patient information may have to be disclosed to other doctors, nurses, therapists and medical technicians so that proper health care is not compromised.

The doctors in this practice are members of various medical and professional bodies including medical defence organisations. These organisations provide valuable services to their members. They require members to provide information in relation to their medical practice which may include patient information. Our medical defence organisation is AVANT. If you wish to know whether your health information is held by this organisation you may write to AVANT, PO Box 746 Queen Victoria Building NSW 1230.

Patients who wish to look at their information held by this practice or who may have queries about privacy of information are welcome to discuss these matters with their treating doctors.

You can assist in maintaining the accuracy of your information by advising the practice of changes to your personal contact details

I, have read the above privacy information.

Signature:	Date

We appreciate the time you have taken to complete this form. Please feel free to ask our friendly Reception staff should you require any assistance or have any questions regarding this form.

Thanking you,

From the team at Wynyard Medical Centre