New Patient Information Form

Dapto Medical & Family Practice	Keiraville Surgery
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We are committed to providing our patients with the best care.
To do this it is essential that your health record is kept up to date and accurate.

E-Health Record	**Do you consent for us to register you with E-Health ☐ YES ☐ NO** ***Please collect EHealth information pamphlet**		
Title	**Mr Mrs Ms Mast Miss**		
First name			
Surname			
Date of Birth	/ /		
Country of Birth	**Year of Arrival:**		
Ethnicity			
Primary Language Spoke			
Do you identify as being:	**Aboriginal Origin ☐ YES ☐ NO** **Torres Strait Islander Origin ☐ YES ☐ NO**		
Street Address			
Suburb	**Post Code**		
Home Phone			
Work Phone			
Mobile Phone			
Email			
Medicare Number & Ref	[ ]	**Expiry Date**	
Veteran Affairs Card Number	**Please Circle: Gold / White**	**Expiry Date**	
Pension Number		**Expiry Date**	
Health Care Card Number		**Expiry Date**	
Private Health Cover			
Next of Kin:	**Relationship:**		
Address			
Contact Number			
Emergency Contact	(Name and Telephone number of the person we can contact if needed)		
Employer Name			
Employer Address			
Employer telephone no.			

Reminder Systems:

Our practice provides our patients with preventive care and early case detection reminders e.g. immunisations, annual health checks, skin checks and pap smears.

Do you wish to have any relevant health reminders sent to you?

☐ Yes – mail ☐ Yes – email at this address……

☐ Yes – SMS to this phone number ……..☐ No

If we need to contact you what is your preferred method of contact:

☐ Home phone ☐ Mobile phone ☐ Mail ☐ Email

Do you have any health concerns that you would like to receive more information on?

_____

_____

_____

Australia is a genuinely multicultural society. To tailor appropriate care, encourage understanding and appreciation between people from different nationalities and backgrounds –Do you identify as someone from a culturally and/or linguistic diverse background?

☐ Yes - Please elaborate……

Your health history - do you have or have you had a history of?

☐ Operations

_____

☐ Asthma

_____

☐ Diabetes

_____

☐ Hypertension

_____

☐ Chronic illness

_____

☐ Other

_____

Do you have any allergies or are you sensitive to drugs or dressings:

☐ Yes (If yes please list below) ☐No

_____

_____

Immunisations - have you had the following immunisations?

Tetanus booster	date_____	☐ Don't Know	☐ Haven't had one
Hepatitis B	date_____	☐ Don't Know	☐ Haven't had one
Hepatitis A	date_____	☐ Don't Know	☐ Haven't had one
Influenza	date_____	☐ Don't Know	☐ Haven't had one
Pneumococcal	date_____	☐ Don't Know	☐ Haven't had one
Polio	date_____	☐ Don't Know	☐ Haven't had one

Children's immunisations - if completing this form for a child are their immunisations up to date?

☐ Yes ☐No

Current medications (including over the counter medications, vitamins and minerals):

_____
_____
_____
_____
_____
_____

Family history - have any members of your family had:

☐ Diabetes

_____

☐ Asthma

_____

☐ Heart Disease

_____

☐ Mental illness

_____

☐ Cancer

_____

Social history

☐ Tobacco: _____ day / week or Ceased Smoking - date _____
☐ Alcohol: _____ day / week / month (circle the one applicable)
☐ Drug use: _____ (type and frequency)

Height: _____ cms **Weight:** _____ kgs

Blood Pressure: when was the last time your blood pressure was taken?

_____

Sun protection: How often do you use the following to protect yourself from the sun when outdoors?

	Always	Often	Sometimes	Rarely	Never
Protective clothing	☐	☐	☐	☐	☐
Sunscreen creams	☐	☐	☐	☐	☐

For those 65 years and older: when was the last time you were immunised?

Influenza	Date_____	☐ not sure	☐ never
Pneumococcal pneumonia	Date_____	☐ not sure	☐ never

Females: When did you last have?

Pap smear	Date_____	☐ not sure	☐ never
Breast Check	Date_____	☐ not sure	☐ never

Males: When did you last have?

An overall check up	Date _____	☐ not sure	☐ never

Dapto Medical & Family Practice/ Keiraville Surgery Acknowledges all obligations regarding confidentiality as stated in the Privacy Amendment (Private Sector) Act 2000.
Personal information collected by this practice, either through this form or the consultative process, will be used exclusively to achieve optimal health care for you. We may however be obligated to share this information with other health organisations for statistical or reporting purpose as considered necessary under the relevant legislation.
If you have any questions regarding privacy a copy of the guidelines is available at reception, or any of our staff would be happy to address any concerns you might have.

CONSENT FOR THE COLLECTION OF PATIENT INFORMATION

Parent to complete and sign if patient under 18 years of age

I,_____, give consent for **Dapto Medical & Family Practice/ Keiraville Surgery** to collect and use my personal information, I understand this use extends only for the purpose of achieving optimal health care on my behalf.

Signed:_____

Date:_____/_____/_____