

New Patient Registration Form

We need this information to provide the best quality care. This form complies with the RACGP Standards for general practice. This means your personal health information is kept private and secure as required by federal and state privacy laws. If you have concerns, please leave blank and discuss with your GP. Please notify us promptly of any change in your contact details. Accurate contact details help us identify you and your medical records, and allow us to contact you promptly about tests and results.

Section A: Personal Details

Title	Surname	Given Names	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
Medicare Card No.	Ref No.	Occupation/School	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Pension or Veterans Affairs Card no. (if applicable)	Type	Expiry Date	
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	
Email			
<input type="text"/>			
Next of Kin	Contact Number	Relationship	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Emergency Contact	Contact Number	Relationship	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Section B: Cultural Background

Knowing your cultural background can help us provide healthcare that meets your individual needs.

Are you of Aboriginal or Torres Strait Islander origin?

No Aboriginal Torres Strait Islander

Other Cultural Background (eg. African, Asian, European)

Country of Birth

If you require an interpreter, please specify language

Section C: Consent

Our practice uses a reminder system to help you maintain your health. The practice sends reminders by post, email, telephone, or SMS for procedures such as vaccinations, Pap recalls and other health reviews. Our practice also sends information to the Australian Childhood Immunisation Register and Pap Smear Register. These registers also send reminders which can be helpful if you move.

I consent to being contacted with reminders to help me maintain my health and receive guidance for result follow up via text message. My GP will discuss this plan during the appointment, when arranging specific investigations. If I have not received a text message 2 weeks after the investigation, I will call the clinic.

Yes No

Section D: Additional Information (Optional)

How did you initially learn about GPs on Bayview? (Please Circle)

Newspaper Instagram Health professional Facebook Other:
 Identified from street Friend/relative Adjacent pharmacy

Did you have any problems locating GPs on Bayview when you attended your appointment?

Yes No

Why did you choose GPs on Bayview for this appointment? (Please Circle)

Location Facilities Previously saw doctor at another clinic Onsite pathology Other:
 Individual doctor skill set Opening hours Post-menopausal laser treatment Adjacent pharmacy

Signature of patient or guardian

Date

RECEPTION STAFF TO COMPLETE:

IS THIS PATIENT A MINOR?
 IF YES, ARE THE PARENT/ LEGAL GUARDIAN DETAILS RECORDED (Next of Kin)?
 ARE ALL THE DETAILS ENTERED ON PRACSOFT?
 REMOVED 'DO NOT SEND SMS' IF CONSENTED

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	N/A	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

INITIAL: _____

DATE: _____ / _____ / _____