

Junction Place Medical Centre

58 Harold Street, Hawthorn East 3123 | T: (03) 9813 1088 | F: (03) 9813 2325 | www.junctionplacemedical.com.au

NEW PATIENT INFORMATION

PLEASE WRITE CLEARLY

Patient Information

Are you of Aboriginal and/or Torres Strait Islander descent? Yes No

Cultural Background / Ethnicity _____

Sex: Male Female Other: _____

Title: _____ Given Name: _____

DOB: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Contact Phone Numbers

Home: _____ Mobile: _____ Business: _____

Medicare Number

Medicare Number: _____ Ref No: _____ Expiry: _____

Ref No is the number beside your name

Centrelink Concession Card / DVA – If Any

(JPMC only Bulk Bills Blue Pension Card Holders & Vet Affairs Card Holders)

Health Care Card CRN: _____

Pensioner Concession Card

Commonwealth Seniors Health Card Expiry: _____

DVA: Type: _____ Card No: _____ Expiry: _____

In Case of Emergency

Emergency Contact (Next of Kin)

Name: _____ Contact No: _____

Relationship: Partner/Spouse Parent Sibling Child Other: _____

Parent/Guardian Details

For patients under 16 please enter the details of whom correspondence should be directed

Name: _____ Contact No: _____ DOB: _____

Address: (If Different than above) _____

Medicare Number: _____ Ref No: _____ Expiry: _____

Please Note

If your consultation is Workcover or T.A.C, please inform reception

Full payment for a service is required on the day. If an overdue account remains unpaid and is referred to a collection agency or solicitors the patient will be liable for all legal costs and commissions arising and this will be added to the original outstanding amount and the total shall be treated as a liquidated debt.

Patient Consent

Please read this consent form carefully prior to signing.

This general practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose and treat illnesses and medical conditions, ensuring we are proactive in your health care. To enable ongoing care, and in keeping with the *Privacy Act 1988* and *Australian Privacy Principles*, we wish to provide you with sufficient information on how your personal information may be used or disclosed and record your consent or restrictions to this consent.

Your personal information will only be used for the purposes for which it was collected or as otherwise permitted by law, and we respect your right to determine how your information is used or disclosed.

The information we collect may be collected by a number of different methods and examples may include: medical test results, notes from consultations, Medicare details, data collected from observations and conversations with you, and details obtained from other health care providers (e.g. specialist correspondence).

By signing below, you (as a patient/parent/guardian) are consenting to the collection of your personal information, and that it may be used or disclosed by the practice for the following purposes:

- Administrative purposes in the operation of our general practice.
- Billing purposes, including compliance with Medicare requirements.
- Follow-up reminder/recall notices for treatment and preventative healthcare, frequently issued by SMS.
- Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.
- Accreditation and quality assurance activities to improve individual and community health care and practice management.
- For legal related disclosure as required by a court of law.
- For the purposes of research only where de-identified information is used.
- To comply with any legislative or regulatory requirements, e.g. notifiable diseases.
- For use when seeking treatment by other doctors in this practice.

At all times we are required to ensure your details are treated with the utmost confidentiality. Your records are very important and we will take all steps necessary to ensure they remain confidential.

Consent:

Our practice uses a reminder system to help maintain your health
The practice sends reminders by post, telephone or SMS
for procedures such as vaccinations Pap Tests
and other health reviews.

**I consent to being contacted
with reminders to help me
maintain my health.**

Yes No

Patient Name:

Date:

Patient/ guardian signature