

Hughes Medical Clinic

New Patient Registration Form

Privacy Statement

We need this information to provide the best quality care. This form complies with RACGP Standards for general practice. This means your personal health information is kept private and secure, as required by the federal and state privacy laws. If you have concerns, please leave blank and discuss with your GP. Please ask reception if you require a copy of our privacy policy.

Personal Details

Title	Family Name	Given Name	Middle Name	
_____	_____	_____	_____	
Preferred Name	Date of birth (dd/mm/yy)	Male	Female	Other
_____	____/____/____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Pronouns	_____			

Cultural background

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

Ethnicity: _____

Do you identify as Aboriginal or Torres Strait Islander?

Neither Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Address/Phone

Home Address	Suburb	Post Code
_____	_____	_____
Postal address (if different from above)	Suburb	Post Code
_____	_____	_____
Home Number	Work Number	Mobile Number
_____	_____	_____
Email	_____	

Medicare and Concession Details

Medicare card no.	Card Ref no.	Medicare card expiry date
_____	<input type="checkbox"/>	____/____
Pension / Health Care Card no. (please circle)	Expiry Date	
_____	____/____/____	
Veteran Affairs no.	Type of Vet Affairs Card	Expiry Date
_____	_____	____/____/____

Please turn over

Next of Kin & Emergency Contact

Next of Kin

Telephone Number

Relationship to you

Emergency Contact

Telephone Number

Relationship to you

Head of Family (if patient is under 16)

Full Name

Telephone Number

Relationship to you

Date of Birth

Medicare card no.

Card Ref no.

Personal Information

Religion

Occupation

How did you hear about us?

Hotdoc

Google

Word of mouth

Outside Signage

White Pages

FaceBook

Other (Please Advise)

Please notify us promptly of any changes to your contact details. Accurate contact details help us identify you and your medical records, and allow us to contact you promptly about test results.

Please read this information carefully before completing and signing this form

Hughes Medical Clinic is committed to providing you and your family with high quality health care. As part of our commitment, we are implementing technological solutions to enable communications with our patients via SMS and secure mobile applications. Use of these newer options will facilitate our communication with you and enhance the services we offer.

This form is to inform you and seek your consent to the use and disclosure of your personal information (including health information) in regards to our reminders and notifications systems within our practice.

In keeping with our obligations under Privacy Act 1988 (Cwth), Australian Privacy Principles and under State health records legislation, we wish to inform you of the purposes for which we may use your personal information and how we may use and disclose such information. For more detailed information, please refer to our privacy policy on our website (<https://hughesmedicalclinic.com.au/about/privacy-policy/>), and please ask should you have further questions.

We may send you the following types of communications from time to time:

- Appointment reminders – to remind you of your upcoming appointments with the practice, also allowing you to confirm your appointment
- Clinical reminders – reminders inviting you to arrange an appointment for regular check-ups or reviews – for example checking your blood pressure, having your next immunisation or screening tests
- Clinical communications - communications to you about your care such as informing you about test results or other clinical messages from your doctor or from our nurses
- Health Summary – can be sent to you with the new Best Health App

Please note we will never send out clinical or confidential information that is not in line with our privacy policy. Clinical results will not be sent out electronically unless explicit consent is received and it will be assessed on a case by case basis.

With your consent we may also send you

- Health awareness communications - general health care information and information about services provided at Hughes Medical Clinic. For example, notifying you about changes to our opening hours or services, or more general health information such as the availability of annual influenza vaccine.

To assist us in sending you the above communications, we may use third party service providers (which may be located outside of this State; all data is held in Australia) and disclose your personal information (including health information) to them.

We will use your preferred contact method (as nominated below) to send you communications wherever practicable, however we may contact you using any of the contact details you provide to us from time to time, when and as we consider appropriate.

Acknowledgments and Consent

I acknowledge and agree that, in the course of providing health care services to me, Hughes Medical Clinic may need to use and disclose my personal information (including any health information) as set out in this form.

I consent to all of the below methods of communication: _____

Best Health App SMS Letter Email Phone

If you do not wish to be contacted by any of the methods above please notify reception

Please note that Best Health phone App and SMS offer more secure communication and that some communications will not be sent via email.

Please complete and sign below if you understand and agree to the acknowledgements and consent set out above:

Patient Name: _____

Signature: _____ Date: _____

Best Health App – Patient Information

The Best Health App offers a new way for us to communicate with you, with high levels of security to protect your private medical information. This App offers you these features and services

- **Appointments**
 - All of the appointments you have booked at Hughes Clinic will show in your App with the date, time and doctor for your appointments
 - You can also book new appointments via the App (links you to Hot Docs)

- **Reminders and Information**
 - Specific reminders regarding your health care can be sent to you. For example – a reminder to book in to check your blood pressure check, an immunisation you are due for or for tests that you are due to have.

 - We can also send you more general information such as when annual influenza vaccines are available or changes to our opening hours. ***NB to receive these general messages you need to consent to receive “Health awareness communications”.*

- **Clinical communications**
 - Your doctor may communicate your test results or send you other information about your care securely to your phone as appropriate

 - You can ask your doctor to send you a Health Summary to your App. This summary lists your medical conditions, allergies, medications and immunisations.

How to get started with the Best Health App

When you are at the practice, you firstly will be invited to **provide us your consent** for us to communicate with you by SMS and the App if you wish to.

Our staff will **verify your mobile phone** number, and then send you a link to download the Best Health App.

You may wish to complete the remaining steps at your leisure at home after your visit.

Once you have downloaded the Best Health App, you then need to **set up your secure account** with the Best Health App.

You will need access to **both your phone and email** to do this as verification codes are sent to both.

You will also be asked to set up a PIN to open the App to ensure your privacy.

Once you have set up your account, you will have an invitation from Hughes Clinic to enrol with us.

After you proceed and complete your enrolment, you will receive a confirmation that you have enrolled successfully with Hughes Clinic – **welcome!**

Please hand to your doctor or nurse

Name: _____

Date of Birth: _____

Medical History

Please list anything significant that the doctor can add to your file

Allergies and Reactions

and sensitivity to medications or dressings

Regular medications and doses

and complementary treatments (Including over the counter medications, vitamins and minerals)

Family History

Family History: Please tick below to advise if any of your family have been diagnosed with, or have:

Relative: _____

Unknown (e.g. Adopted)

Disease (please select from below): *Please advise age of diagnosis if known

Diabetes Asthma Heart Disease Mental Health Problems

Cancer (please state type) _____ Other _____

Social History

Marital Status: _____

Sexuality _____

Elite Athlete: Yes No

Lives with: _____

Regular Pharmacy: _____

Has Carer: Yes No Self

Carer Details _____

***Please Turn Over**

Alcohol

Do you drink Alcohol? Yes No

How often do you have a drink containing alcohol? Days Per Week _____ Standard Drinks per day: _____

Smoking

Non-smoker Ex-Smoker Smoker

Quantity/Day: <1 1-9 10-19 20-39 40+

Weight and Height

Do you know your current weight and Height?

Weight _____ kg Height _____ cm

Children's Immunisations

If completing this form for a child, are their immunisations up to date? Yes No