New Patient Information Form

Personal, contact and communication details

We collect this information to provide safe, high-quality, culturally appropriate healthcare and to meet our legal and accreditation requirements. Your information is handled securely in accordance with Australian privacy laws and our Privacy Policy. If you need help, please ask reception.

1. About you

Title / surname

First name(s)

Preferred name

Date of birth (DD/MM/YYYY)

Pronouns

Gender

Sex recorded at birth ☐ Male ☐ Female ☐ Another term: ☐ Prefer not to say

Residential address

Suburb

State

Postcode

Mobile

Other phone

Email

Communication preferences ☐ Appointment SMS ☐ Phone ☐ Health recall SMS ☐ Phone

2. Medicare, concession and MyMedicare

Medicare number

Ref.

Expiry

Pension / Health Care Card

Expiry

DVA file number

MyMedicare: Would you like McKinnon Hill Medical Centre to be your regular practice once eligible?

☐ Yes - contact me when eligible ☐ Already registered here ☐ Registered elsewhere ☐ No / not now

Most new patients need 2 face-to-face visits within 24 months. Ticking Yes records interest only; registration is voluntary and requires consent.

3. Emergency contact and next of kin

Emergency contact

Full name

Relationship

Mobile

Other phone

Next of kin

Full name

Relationship

Mobile

Other phone

An emergency contact or next of kin is not automatically authorised to receive your medical information.

4. Cultural background and communication needs

This information helps us provide safe, respectful and personalised healthcare. You may choose not to answer.

Are you of Aboriginal and/or Torres Strait Islander origin?

☐ No ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Prefer not to answer

Country of birth

Cultural background / ethnicity

Preferred language

Religion or spiritual considerations

Interpreter / communication support required?

☐ No ☐ Yes - language:

New Patient Information Form

Health information, privacy, fees and acknowledgement

Patient name

Date of birth

5. Health information

Allergies and adverse reactions

☐ No known allergies

Medication, food, latex or other substance

Reaction / symptoms

Current medications, vitamins and supplements

Name

Strength

Dose / how often

Usual pharmacy (name and suburb)

Current health conditions

Past significant health problems / surgery

6. Lifestyle, family history and previous GP

Smoking / vaping ☐ Never ☐ Former ☐ Current

Alcohol ☐ None ☐ Yes **Days/wk**

Significant family history

Previous GP or medical practice

Suburb

Would you like us to help transfer your medical records from your previous clinic? ☐ Yes ☐ No

7. Privacy and AI documentation

We collect personal and health information to provide care, manage your record and meet legal and administrative requirements. Information may be shared where permitted or required. Our Privacy Policy is available at reception and on our website.

☐ I acknowledge the Privacy Collection Notice.

AI-assisted notes:
A practitioner may ask to use an AI documentation tool. Consent will be requested at the start of that consultation. You may decline.

8. Billing and fees

McKinnon Hill Medical Centre is a mixed-billing practice.
Fees are payable in full on the day by electronic payment.
Medicare rebates are processed where eligible. Fees may vary with consultation length, complexity and additional services. After-hours, procedures, consumables, reports, forms, cancellations, non-attendance and overdue accounts may attract fees. Please ask reception if unsure.

☐ I acknowledge the Practice Fee Policy and fee schedule.

9. Consent and acknowledgement

Patient / parent / guardian full name

Relationship (if applicable)

How did you hear about us? (optional)

Signature (handwritten or drawn electronically)

Date

Electronic signing: choose Draw in your PDF signing app, then save the signed form.