

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		Next of kin	
Full name	Relationship	Full name	Relationship
Mobile	Other phone	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?		☐ Both	☐ Prefer not to answer
☐ No	☐ Aboriginal	☐ Torres Strait Islander	
Country of birth	Cultural background / ethnicity		
Preferred language	Religion or spiritual considerations		
Interpreter / communication support required?			
☐ No	☐ Yes - language:		

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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

Sandy Hill Medical Centre is a mixed-billing and cashless 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

Date