North Village Family Practice

New Patient Information

PATIENT DETAILS

Title: Master / Mr / Mrs / Ms / Miss

Given Name/s: _____ **Surname:** _____

Date of Birth: ____/_____/___ **Medicare No**: _ _ _ _ _ _ _ _ _ _ **Ref:** __ **Expiry**: _ _ / _ __

Pension, Health Care Card or Veteran Affairs No: _____Expiry:_____

Address: _____**Postcode** _____

Phone (H): _____ **Phone (Work**): _____ **Phone (Mob)**: _____

Email Address (private): _____ **Occupation:** _____

NEXT OF KIN

Given name/s: _____ **Surname:** _____

Relationship: _____ Phone (H): _____ Phone (M) _____

EMERGENCY CONTACT

Given name/s: _____ **Surname:** _____

Relationship: _____ Phone (H): _____ Phone (M) _____

DETAILS TO ASSIST WITH OUR HEALTH INITIATIVES

If you are Aboriginal and/or Torres Strait Islanders please let us know as you are entitled to additional health initiatives provided by Department of Health. Tick the appropriate box below

Aboriginal ☐ **Torres Strait Islander** ☐ **Aboriginal and Torres Strait Islander** ☐

Country of Origin: _____ **Ethnicity:** _____ (e.g Chinese, Indian, Greek)

Allergies: _____

Allergy Reaction: _____

YOUR CONSENT IS REQUIRED

North Village Family Practice undertakes research, professional development and quality assurance/improvement activities to improve patient care. All people accessing personal health information for this purpose would have signed a written confidentiality agreement.

I consent to my health record being reviewed as part of the quality improvement activities at this practice.

The practice uses a reminder/recall system to improve the quality of your health care. The practice sends preventative health reminders by mail/SMS for procedures such as immunisations, pap tests, health reviews etc. Recalls are done either by phone or SMS following pathology, imaging and specialist consultations.

I consent to being contacted for reminders/recalls/quality improvement activities.

Signature of Patient/Guardian: _____ **Date:** _____

How did you hear about us? Please tick appropriate box below.

LOCAL ADVERTISEMENT ☐ LETTERBOX DROP ☐ FRIEND ☐ FAMILY ☐ Other _____