

New Patient Information Form

We are committed to providing our patients with the best care. To do this, it is essential that your health record is kept up to date and accurate. ALL patients are asked to complete the following.



Title:	Surname:	Sex:	M	F	OTHER
Given Names:	Date of Birth: / /				
Street address:					
Suburb:			Post code:		
Postal address:					
Preferred phone no:			Email:		
Your permission is required to protect your privacy – if we need to contact you by phone, SMS, may we leave a message or send an SMS to your mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Next of kin:		Phone:	Relationship:		
Emergency Contact:		Phone:	Relationship:		
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> No <input type="checkbox"/> Decline to Answer					
<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander					
Do have a non-English speaking background and wish to self-identify. <input type="checkbox"/> Yes <input type="checkbox"/> No					If Yes, please specify:
Medicare no:		Ref no:	Expiry date: /		
Pensioner Concession/ Health Care Card no:			Expiry date: / /		
Dept. of Veterans' Affairs no:				<input type="checkbox"/> White	<input type="checkbox"/> Gold
Overseas Health Care card no:			Expiry date: / /		
<p>Information About Fees: All healthcare services provided by this practice are covered, in part, by Medicare. We ask that payment of your account is settled at the completion of your consultation. EFTPOS facilities are available for your convenience, and we are happy to submit your paid account to Medicare in order that Medicare reimburse you for part of the consultation. You are welcome to provide your BSB and bank account details for direct deposit, by Medicare, into your nominated account. This expedites reimbursement from Medicare. ReturnToWorkSA claims require a claim number. At the end of your consultation, the account is handed to you to facilitate payment via your claim agent. Full payment is required on the day for ReturnToWorkSA claims that do not currently have a claim number. You are then able to follow this up with your claim agent.</p> <p>Missed Appointments: If you are unable to keep your appointment, please notify us immediately. We require 3 hours' notice for cancellations or a fee may apply.</p> <p>Privacy: Amendments to the Privacy Act came into effect in December 2001. As a provider of healthcare services, it is important that you are aware of how any personal information collected by this practice is used.</p> <p>The personal information collected is that deemed necessary to best attend to and treat your presenting health conditions. Personal information is primarily used internally within the practice, but is sometimes used, held and shared to ensure quality and continuity of your health care and therefore must be partially or fully disclosed to others outside this organisation, depending on the circumstances (e.g. when referring to a specialist medical practitioner; or requesting blood tests, urine tests, x-rays; for practice audits and accreditation; or when itemising accounts for Medicare).</p> <p>To facilitate continuation of thorough, efficient medical care, Bedford Medical Clinic, Molechecks Australia and Bedford Day Surgery access and store all patient medical records in one shared medical records system. <i>Further information can be found in our Privacy Policy.</i></p> <p>Freedom of Information: All patient files which include personal information, test results, etc., are the property of this practice. However, should you choose to visit another doctor at any time, copies of the appropriate file(s) can be forwarded on receipt of your written request. Under no circumstance will this practice provide or divulge personal information without your prior written consent. Please note that a small administration fee may be charged associated with this service.</p>					
Please read and sign your acknowledgement below: I have read and understood all information above regarding fees, privacy and freedom of information. I am aware that at the conclusion of all consultations there will be a request for payment of the account in its entirety. I am also aware that should a debt collection agency be employed to recover any unpaid accounts in relation to consultations, additional collection fees will apply.					
Name:		Signature:		Date: / /	