

New Patient Registration Form

Patient Details

Mr / Mrs / Ms / Miss Surname: _____

Given Name: _____

Date of Birth: ___/___/_____ Assigned gender at birth: Male Female Other _____

Preferred Gender: Male Female Other _____

Preferred Pronouns: He/Him/his She/her/Hers they/them/theirs

Do you identify as: Australian Aboriginal Torres Strait Islander Other _____

Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Would you like SMS reminders? Yes No

Email address: _____

How would you like e-scripts sent to you? Smart Phone Email Paper

Do you require a translator? Yes No

I consent to receive email communication regarding my medical care:

Medicare number _____ Ref no: _____ Expiry Date: ___/___/_____

Please tick type of concession card: Pension Concession Card Health care card

Type of pension card: Disability Single parent Seniors

Pension Card Number: _____ Expiry date: ___/___/_____

DVA _____ Gold White Please write conditions: _____

Do you participate in the National Disability Insurance Scheme: Yes No

Private Health Insurance Fund: _____

Health Insurance Number: _____ Expiry Date: ___/___/_____

Next of Kin:

Name: _____

Address: _____

Suburb: _____ Post Code: _____

Phone: _____

Relationship: _____

Mobile number: _____

Emergency Contact/ Same as Next of Kin

Name: _____

Address: _____

Suburb: _____ Post Code: _____

Phone: _____

Relationship: _____

Mobile number: _____

Occupation: _____

Marital Status: _____

Billing Confirmation

Do you have a Medicare card? Yes No, I acknowledge I will be International/complex billed

Do you have a DVA card? **White**, conditional Bulk Billing applies **Gold**, Bulk Billing applies

Do you have a concession card?

Healthcare Card, I acknowledge I will be Privately Billed **Carer Pension**, I acknowledge I will be Privately Billed

Disability Pension, I acknowledge I will be International/complex Billed **Seniors Pension**, Bulk Billing applies.

No, I acknowledge I will be Privately Billed **Single Parent Pension**, I acknowledge I will be Privately Billed

Patients under the age of 16 are bulkbilled.

Clinical Information

Patient Signature

How did you hear about us: _____

I agree to pay all accounts on the day of consultation.

Signature: _____

Date: ___ / ___ / _____

Health Information Collection and Use Consent Form

At First GP Wallsend, we collect personal and health information about individuals for the principle purpose of helping patients manage their health and improving patient health outcomes. We require you to provide us with your personal details and a full medical history so that we can properly assess, diagnose, treat and be proactive in your healthcare needs.

We may disclose personal and health information to other health care providers in line with our principle purpose and for research and quality assurance activities to improve individual and community health care and practice management. Some information is collected as part of the necessary process of running a business in Australia, for research and quality assurance activities to improve individual and community health care and practice management. Usually, information that does NOT identify you is used but should information that will identify you be required, you will be informed and given the opportunity to “opt out” of any involvement.

Further, we are required to use various government identifiers. For patients, these identifiers include Individual Healthcare Identifiers (IHI), Medicare card numbers, Department of Veterans Affairs (DVA) file numbers, concession card details, and Safety Net Numbers.

We may use your personal information and disclose about you to various government departments and other entities for billing those entities for the health services that we provide to you.

You can obtain our privacy policy on the FirstGP website or request a copy of our privacy policy, which includes information about the collection, use and disclosure of your health information.

We require your consent to collect personal information about you and to use the information you provide in the following ways. For reminder letters which may be sent to you regarding your health care and management.

You can decline to have your health information used in all or some of the ways outlined above, but it may influence our ability to manage your health care to provide the best outcome for you.

If you request in writing for information to be disclosed to third parties, we may elect to do that, and we may charge the third party for this information.

- I take full responsibility to provide accurate information and update urgently if any changes to the information occur.
- I have read the information above and understand the reasons why my information must be collected.
- I understand that I am not obliged to provide any information requested of me, but failure to do so may compromise that quality of health care and treatment given to me.

- I am aware of my rights to access the information collected about me, except in some circumstances where access may be legitimately withheld. I will be given an explanation in these circumstances.
- I give consent to be part of national recall and reminder programs such as bowel screening, breast, and cervical screening, etc.
- I understand that if my information is to be used for any other purpose other than set out above, my further consent will be obtained.
- I give consent to use a third-party reminder system, "HealthEngine" to receive clinical reminders through SMS.

I consent to the handling of my information by the practice for the purpose set out above, subject to any limitations on access or disclosure of which I notify this practice OR I am unsure and would like to discuss this further with someone from the medical practice before I sign.

Patients Name:

Signature:

If patient is under 16 years of age, a signature from parent/ guardian is required.

Billing Summary for General, Skin, and Telephone Appointments

Bulk Billing for general GP appointments

Children 15 years and Under

Valid Seniors Pension Concession Card

Dept of Veterans Affairs (DVA) Gold Card. DVA white card holders will be bulk billed as per their conditions.

Private General GP appointments

Medicare card/healthcare card/disability pension card

Regular Consultations; \$80 with a Medicare Rebate of \$41.40

Long Consultations; \$130 with a Medicare Rebate of \$80.10

Privately Billed Skin Checks

Regular Skin Consultations; \$90 with a Medicare Rebate of \$41.40

Long Skin Consultations; \$140 with a Medicare Rebate of \$80.10

Privately Billed Telephone Consultations

Regular Telephone Consultations; \$90 with a Medicare Rebate of \$41.40

Long Telephone Consultations; \$140 with a Medicare Rebate of \$80.10

International/Complex for General GP Consultations

Medicare card/healthcare card/disability pension card

Regular Consultations; \$100 with a Medicare Rebate of \$41.40 (if Medicare eligibility)

Long Consultations; \$160 with a Medicare Rebate of \$80.10 (if Medicare eligibility)

International/Complex for Telephone Consultations

Regular Consultations; \$110 with a Medicare Rebate of \$41.40 (if Medicare eligibility)

Long Consultations; \$170 with a Medicare Rebate of \$80.10 (if Medicare eligibility)

All Patients Please Note

Please be advised that billing for Fitness to drive will be Private billing for all patients.