New Patient Registration Form

The Doctors and Staff at this clinic are committed to whole patient care. This includes preventative and ongoing care. To assist us maintain your wellbeing we ask you to complete this form. All information collected about you will remain confidential.

Title: _____ First Name: _____Family Name: _____Date of Birth: __ /__ /__

Sex at Birth *(please circle):* Male / Female Pronouns *(optional):* He/Him She/Her They/Them

Gender Identity *(optional):* Male / Female / Intersex / Indeterminate / Other / Prefer not to say

Medicare Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Reference Number: ___ Exp: ___ /___

Please Circle **Pension/Health Care Card Number**: _____ Exp: ___ /___/___

DVA (Veteran Affairs) Gold/White: _____ Exp: _____

Address: _____Suburb:_____ Postcode: _____

Home Phone: _____ Mobile: _____Business No: _____

E-mail Address: _____

Next of Kin: _____Gender: _____Relationship: _____Phone: _____
☐ Same as Next of kin
Emergency Contact: _____Gender: _____ Relationship: _____Phone: _____

Please circle Are you Aboriginal/Torres Strait Islander **Yes/No**

Country of Birth: _____ Year of Arrival: _____Self-identified ethnicity:_____

Height? _____ Weight?: _____

Please list current Medications: _____ ☐ Not taking any medications

Please list any Allergies: _____**Reaction:**_____

Please list any operations/previous illness: _____ ☐No significant medical history

Do you currently smoke? YES/NO Are you an ex smoker? YES/NO Do you drink alcohol? YES/NO
How many per day? _____ Quit Date _____ How often? _____

Have you ever had or have any of the conditions below? If Yes please circle

Diabetes Kidney disease Asthma Bowel Cancer Breast Cancer High blood Pressure Heart Problems Epilepsy
Other:_____

Is there a family history of any of these conditions? If yes please state relationship

Diabetes Kidney disease Asthma Bowel Cancer Breast Cancer High blood Pressure Heart Problems Epilepsy
Relationship to you (Mother, Father, Grandparent):_____

Who do you live with? _____ How many children do you have?____ Marital Status_____

Occupation: _____ How did you hear about us?_____

☐ Are you planning to attend Ballarto Medical Centre for ongoing care. **DO NOT tick if you are visiting**.

PRIVACY
We must obtain your consent for messages to be left on your telephone or mobile answering or message bank regarding matters involving your health. Do you agree? **YES/ NO**

REMINDER SYSTEM
Our practice provides our patients with preventative care and early case detection reminders e.g.: immunisations, annual health checks, skin checks and pap smears. **Do you agree for reminders to be sent to you by mail or SMS YES / NO**

This clinic participates in SMS reminders for some appointments and health initiative reminders. Please circle if you DO NOT wish to be part **NO**

CONSENT
I Consent to the collection, use and handling of my information by the practice for the purposes set out above.
For further information please refer to our collection and use statement displayed at reception or ask for a copy of our Privacy Policy.

Name:_____ **Signature:**_____ **Date:**_____

**** PLEASE TURN OVER FOR TERMS & CONDITIONS****

OFFICE USE ONLY. Entered Pracsoft ..... Entered MD.....

Acknowledgement of Standard Terms and Conditions

1. This document sets out the standard terms and conditions that apply whenever you make a booking for yourself (or a minor under your care and supervision) to have a consultation with a practitioner who is practising from the premises at Ballarto Medical Centre, 301-303 Ballarto Road, Carrum Downs, Victoria (the **Premises**) and, also, whenever you have (or a minor under your care and supervision has) a consultation with a practitioner who is practising from the Premises when you have not made a booking to have a consultation with that practitioner. By signing at the bottom of this document, you acknowledge that, on each occasion on which you make such a booking or have such a consultation, the following standard terms and conditions apply.

2. On each such occasion, there will be a legally binding agreement that is formed between you, on the one hand, and the individual practitioner with whom you have booked to have a consultation or with whom you have the consultation (the **Practitioner**), on the other hand. No other person, including without limitation Saint Maria Pty Ltd as trustee for the Saint Maria Unit Trust trading as Ballarto Medical Centre (**Saint Maria Pty Ltd**), will be a party to that legally binding agreement. The terms of that legally binding agreement will be as follows:

   (a) The Practitioner agrees to conduct the consultation with you (or with a minor under your care and supervision) and to use reasonable care, skill and diligence in the conduct of that consultation.

   (b) As consideration for the Practitioner conducting the consultation, you agree to pay to the Practitioner the Practitioner's fee for the consultation. The amount of that fee is the amount notified to you by the Practitioner from time to time or, if no such amount is notified to you, the amount indicated on the Ballarto Medical Centre website.

   (c) If you have made a booking to have (or for a minor under your care and supervision to have) a consultation with the Practitioner but you (or the minor) do not attend at the relevant time and place for the consultation, then you must pay to the Practitioner a cancellation fee. The Practitioner may waive the cancellation fee at her or his discretion. The amount of the cancellation fee is the amount notified to you by the Practitioner from time to time or, if no such amount is notified to you, the amount indicated on the Ballarto Medical Centre website.

   (d) You authorise the Practitioner to disclose to the following people any of your personal information (or the personal information of a minor who is under your care and supervision) that is made available to or collected by the Practitioner during the course of the consultation:

      (i) Saint Maria Pty Ltd;

      (ii) any other practitioner who is practising from the Premises with whom you have (or the minor who is under your care and supervision has) a consultation;

      (iii) any other person to whom you request the information be disclosed;

      (iv) any other person to whom the Practitioner is required by law to disclose the information.

3. Saint Maria Pty Ltd makes available to members of the public booking scheduling facilities that are accessible through the Ballarto Medical Centre website, by telephone and in person at the Premises. On each occasion on which you make a booking for yourself (or a minor under your care and supervision) to have a consultation with a practitioner through those booking scheduling facilities:

   (a) the only legally binding agreement thereby effected is the legally binding agreement between you and that practitioner that is referred to above in clause 2;

   (b) there is no legally binding agreement between you and Saint Maria Pty Ltd;

   (c) Saint Maria Pty Ltd does not undertake to provide, or represent or warrant that it will provide, any services to you; and

   (d) Saint Maria Pty Ltd does not undertake to procure, or represent or warrant that it procure, any services for you.

I acknowledge the above:

_____	_____	_____	_____
Signature	*Print Name*	*D.O.B*	*Date*