

## New Patient Information Form

## Casino Medical Centre

144 Canterbury Street

Casino NSW 2470

Ph: 02 6662 1555

Fax: 02 6662 4628

<b>YOUR DETAILS</b>		
Title:	Surname:	First Name:
Middle Name:	Date of Birth:	Preferred Name:
Gender Identity: Female / Male / Transgender/ Nonbinary/ Gender Diverse/ Other	Birth Sex: Female / Male	Pronouns: He/Him She/Her They/Them
Country of Birth:	Occupation:	Relationship Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other
Ethnicity/Race: <input type="checkbox"/> Australian, non indigenous <input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander, but not Aboriginal <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> Other, please specify_____		
<b>YOUR CONTACT DETAILS</b>		
Home Address:		
Postal Address (If different to above):		
Suburb:	Post code:	State:
Mobile Ph:	Home Ph:	Work Ph:
Email:		
<b>MEDICARE DETAILS</b>		
Medicare Card Number:	Reference Number:	Expiry Date:
Pension/Concession Card Number:	Expiry Date:	Type: Pension / HCC
DVA Card Number:	Expiry Date:	Type: Gold / White / Orange
<b>NEXT OF KIN DETAILS</b>		
Name:	Relationship to you:	Contact Number:
<b>EMERGENCY CONTACT DETAILS (If different to above)</b>		
Name:	Relationship to you:	Contact Number:

Please read and initial our procedures over the page

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Please initial the following★ to indicate you understand and consent to Casino Medical Centre procedures:

**Patient Privacy Information:** When you register as a patient of our practice, you provide consent for the GP's and practice staff to access and use your personal information so they can provide you with the best possible healthcare. Only staff who need to see your personal information will have access to it. All persons accessing your records are bound by our Confidentiality Policy. If we need to use your information for anything else, we may seek additional consent from you to do this. This includes requests from 3<sup>rd</sup> parties including insurance and legal companies. All medical practices must adhere to mandatory reporting legislation. \_\_\_\_\_★

**My Health Record:** Casino Medical Centre uses My Health Record to access and upload relevant health reports and summaries for patients. You will be asked by your GP or practice nurse for consent before any health summaries are uploaded. \_\_\_\_\_★

**Recall Appointments, Reminders and Messages:** I consent to Casino Medical Centre contacting me via phone, SMS or mail. In the event of Casino Medical Centre being unable to contact me I understand they may contact my emergency contact. \_\_\_\_\_★

**Medicare:** We may use your information to check your eligibility and details with Medicare via PRODA. \_\_\_\_\_★

**Fees:** You understand that Casino Medical Centre fees and charges are independent to each Practitioner. \_\_\_\_\_★

You understand that there may be additional charges incurred beyond the standard consultation fee if any additional tests and /or procedures are required. \_\_\_\_\_★

You understand that your doctor requires payment on the day for services they provided. Failure to make payment on the day and before close of business will incur an additional administration fee as set by your doctor for the time and resources taken to recover full payment. \_\_\_\_\_★