Jupiter Health Spearwood

NEW PATIENT FORM

This information is private and confidential and is for use in your clinical file only

Personal Details:			
Title	Mr Mrs Ms Miss Dr Other:		
Surname (as on Medicare Card)		**Date of Birth**	
First Name		**Middle Name**	
Street Address		**Preferred Name**	
Suburb		**Post Code**	
Home Phone:	**Mobile Phone:**		**Work Phone:**
Email address:			
Do you consent to receive any monthly marketing emails or messages from Jupiter Health and Medical Services?			Yes ☐ No ☐
Preferred Contact Method: (Please circle)	Home phone Work phone Mobile phone		
Occupation:		**Past Occupation**	
How did you hear about us?			

Health Care Details:			
Medicare Number	☐☐☐☐☐☐☐☐☐☐	**Position on Card: (Circle)** 1 2 3 4 5 6 7 8	**Expiry:**
Government Health Care Card, Pension, D.V.A?	**Please Circle: YES NO**		
DVA Gold / White (Please Circle)	**Number:**	**Expiry Date:**	
Health Care Card: (Green)	**Number:**	**Expiry Date:**	
Pension Card: (Blue)	**Number:**	**Expiry Date:**	
Health Insurance:	**Fund:** **Member Number:**	**Ref Number:** **Expiry Date:**	

Emergency Contact Details:		
Next of Kin (Name):	**Contact Number:**	**Relationship:**
Emergency Contact (Name):	**Contact Number:**	**Relationship:**

Australia is a genuinely multicultural society. To tailor appropriate care, encourage understanding and appreciation between people from different nationalities and backgrounds please complete this section

Country of Birth:	
Do you require a Translator? Yes No	**Ethnicity:**
To assist with health initiatives – are you Aboriginal or Torres Strait Islander? (please tick) Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander No	

If you are an Aboriginal Australian, are you registered for Closing the Gap Programme? Yes No

CANCELLATION POLICY

Please telephone the surgery to cancel at least 4 hours prior to your appointment. This will allow the doctors and Physiotherapist's to reschedule in another patient who needs to be consulted; failing to do this will result in a charge of $40.00 per single appointment (10 minutes) or $80.00 per double (20 minutes +) and $52.95 for Physiotherapy appointments

DID NOT ATTEND APPOINTMENTS – Failing to turn up for your appointment, will also result in a charge of $40.00 per single appointment (10 minutes) or $80.00 per double (20 minutes +) appointment and $52.95 for Physiotherapist appointments . By missing appointments this denies other patients who need to be consulted.

Signature_____ Date_____/_____/_____

Please continue to page 2

PLEASE COMPLETE AND TAKE THIS SECTION TO YOUR DOCTOR

Surname: _____ First Name: _____ Date of Birth ___/____/_____

Current medications (including over the counter medication, vitamins, minerals and/or health supplements):

_____

Do you have any allergies or are you sensitive to drugs or dressings?

☐ Yes (Please specify below) ☐ No

_____

Your Health History: Do you have or have a history of? (please tick)			
☐	Operations (give details):	☐	Hypertension
☐	Diabetes	☐	Other (give details):
Do you know your blood group? Yes No		**Blood Group:**	
Do you live with a carer? Yes No		**Name & Contact:**	
Height:		**Weight:**	

If this information is for your child, please provide a copy of your child's immunisation history to the receptionist.

Family History: Have any members of your family had? (please circle)
Diabetes/Asthma/Heart Disease (Give Details)
Mental Illness/Cancer/Other (Give Details)

NOTE: This section may not be applicable for some patients.

Social History:	
Do you smoke? Yes: _____/day No	Past smoking history: Nil Light Moderate Heavy Which year did you stop smoking? _____
Do you drink alcohol? Yes: _____/day No	Past drinking history: Nil Light Moderate Heavy Which year did you stop drinking? _____
Females: When did you last have? Pap Smear Date: _____ Not Sure/Never Breast Check Date: _____ Not Sure/Never	**For those 65 years and older: When was the last time you were immunised?** Influenza Date: _____ Not Sure/Never Pneumococcal Date: _____ Not Sure/Never

I understand that Jupiter Health Spearwood complies with the Privacy Act (1988) and Privacy Amendment Act (2000) and as part of their Privacy Policy they are committed to protecting the privacy of the personal information of individuals. The purpose of collecting my personal details is to provide quality medical and health services and related account keeping. I understand that I have the right to request access to my information. Jupiter Health Spearwood makes every effort to keep my data in accordance with the National Privacy Principles and keep my records accurate and up to date. I understand that I may withdraw my consent to Jupiter Health Spearwood to use and disclose my personal information (except where legal obligations are met).

Collection, Use and Disclosure:

We recognise that the information we collect is often of a highly sensitive nature and as an organisation have adopted the highest privacy compliance standards relevant to ensure personal information is protected. We are a service company to the medical practitioners who provide services at our practice. For administrative and billing purposes, and to enable the patient to be attended by other practitioners at our practice, patient information is shared between practitioners who attend a patient. We (on behalf of) and the practitioners may collect personal information including health information regarding patients for the purpose of providing medical services and treatments to patients. Personal information collected will generally include patient name, address, phone number, Medicare, current drugs and treatments used by patient, previous and current medical history, including where clinically relevant family medical history, name of any health service provider or specialist to whom the patient is referred, copies of any letters of referrals and copies of any reports back.

By Signing below, I the patient (or parent/legal guardian of patient) have read and consent to the above and acknowledge that personal information collected by us may be used or disclosed:

- Jupiter Health Spearwood will be collecting, using, storing and disposing of my personal information
- The release of relevant personal information to other health professionals to allow quality medical care e.g. specialists, pathologists, usual GP, some fees may be incurred for transfer of records.
- Any additional visits to external service providers such as pathology, specialists, imaging etc may incur an additional fee that is independent to the fees associated with Jupiter Health Spearwood.
- To have my records reviewed by accreditation surveyors as part of this practices accreditation process should my records be randomly chosen for quality assurance, training, billing, liaising with government offices regarding Medicare entitlements and payments and as may be required by our insurers.
- DE identified data collection for research and population health planning purpose.
- The release of relevant personal information to my employer/prospective employer, their authorised representative, and their insurer in the case of a work-related consultation service.
- Jupiter Health Spearwood may/will use your mobile phone number for the purpose of SMS recall and reminder systems.
- Jupiter Health Spearwood will collect information necessary for your treatment. This may include Full Medical and Psychological History;
- Where there is a serious and imminent threat to an individuals life, health, or safety, or a serious threat to a public health or public safety or as required under compulsion or law.

We may access information:

- Provided directly by the patient, provided on a patients behalf with the patients consent, from a health service provider who refers the patient to medical practitioners, from health service providers to whom patients are referred.

Other than as described in the Policy or permitted under the National Privacy Act, Jupiter Health Spearwood uses its reasonable endeavours to ensure that identifying health information is not disclosed to any person.

Signature_____ Date_____/_____/_____

Printed Name _____ (If the patient is under 16 years the parent/guardian is to sign)