

DR: _____

CHART NO: _____

Platinum medical centre

Patient Registration Form

TITLE _____ FIRST NAME _____ SURNAME _____ DOB _____ SEX _____

MEDICARE CARD NO. _____ PATIENT NO. _____ EXPIRY (MM/YY) _____

CONCESSIONS: CARD NO. _____ CARD TYPE _____ EXP DATE _____

ADDRESS: _____ TOWN/SUBURB _____ POSTCODE _____

PHONE: HOME _____ WORK _____ MOB _____ FAX _____

EMAIL: _____ ATSI: Aboriginal Torres Strait Islander

OCCUPATION _____ COUNTRY OF BIRTH _____

NEXT OF KIN: NAME _____ RELATIONSHIP _____

PHONE: HOME _____ MOB _____

HOW YOU CHOSE THIS PRACTICE PHONE BOOK WEBSITE OTHER

PERSONAL RECOMMENDATION BY _____

YOUR SIGNIFICANT MEDICAL HISTORY

ALLERGIES: _____

CURRENT MEDICATIONS: _____

PAST MEDICAL PROBLEMS:

LAST PAP _____ LAST MAMMOGRAM _____

CIGARETTES (per day) _____, ALCOHOL (per week) _____.

SIGNIFICANT FAMILY HISTORY:

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND AUTHORISE THIS PRACTICE TO CONTACT MY NOMINATED NEXT OF KIN IF WARRANTED AND SEND ME SMS REMINDERS ON MOBILE PHONE SUPPLIED. I TAKE RESPONSIBILITY FOR NOTIFICATION OF ANY CHANGE TO CONTACT DETAILS.

SIGNATURE: _____ DATE: _____

Visit our website: www.platinummedical.com.au / look us up on www.Ozdocsonline.com.au
If you have a complaint that you feel has not been dealt with to your satisfaction please contact www.hqcc.qld.gov.au

Platinum medical centre

USE OF PERSONAL INFORMATION CONSENT FORM

Amendments to the *Privacy Act 1988* has brought the introduction of the Australian Privacy Principles (APPs), replacing the current National Privacy Principles (NPPs) from 14 March 2014. These amendments redefine how healthcare services can manage your information.

1. WHAT INFORMATION DO WE COLLECT ABOUT YOU?

Platinum Medical Centre doctors and staff collect information from patients primarily to provide the best quality and continuity of care. This may include other medical specialists, nurses, pathologists, healthcare providers and health administration services so that your health care is not compromised. We require you to provide us with your personal details and full medical history so that we may properly assess, diagnose, treat and be proactive in your health care. This includes your name, contact details, Medicare and health fund details. All personal information in relation to your visit is kept safely and securely within the Centre.

2. WHY AND HOW DO WE COLLECT THIS DATA?

We are required to obtain your consent to collect personal information about you. The information we collect about you helps us to keep up-to-date details about your needs, so we can care for you in the best possible way. We also use the information to better manage and plan this service. We will collect this information directly through you and will use the information you provide in the following ways:

- Administrative purposes in running our medical practice;
- Billing Purposes;
- Disclosure to others involved in your healthcare, including treating doctors and specialists outside the medical practice/day surgery. This may occur through referral to other doctors, or for medical tests and in reports or results returned to us through the referrals;
- Disclosure for research and quality assurance activities to improve individual and community health care and practice management; and,
- Emergency situations whereby medical officers/hospitals require access to patient notes for treatment purposes.

3. HOW CAN MY PERSONAL INFORMATION BE ACCESSED?

If you have changes to your personal information or wish to review your personal information, please ask one of our friendly staff or speak directly with the Practice Manager.

Please Note:

This consent form is written in accordance with Platinum Medical Centre Privacy Policy (March 2014). If you wish to read this document in full prior to signing, we can provide you with a hard copy or it can be found electronically through our website for your reference. Please ask a receptionist for more information.

PATIENT PRIVACY CONSENT

I have read the information above and understand the reasons why my information must be collected. I am aware that Platinum Medical Centre has a privacy policy on handling patient information. I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me. I am aware of my right to access the information by this practice for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice of.

Patient Name: _____ Date of Birth: _____

Signature: _____ Date: _____
Patient Signature/Guardian/Responsible Person/Statutory Health Attorney

An authorised person/power of attorney to be contacted in emergency circumstances:

Name: _____ Phone No: _____