Southern Cross General Practice
Achernar St, Southern Cross WA 6426
Ph: (08) 9049 1147
Fax: (08) 9049 1174
Email: reception@sxgp.com.au

PATIENT REGISTRATION FORM

PERSONAL DETAILS

Title: _____ Family Name: _____ Given Name: _____

Preferred Name: _____ Gender: ☐Male ☐Female D.O.B. ____/_____/_____

Residential Address: _____

Postal Address: _____

Home Phone: ( )_____ Work Phone: _____ Mobile: _____

Email Address: _____

Medicare Number: _____ Line Number: _____ Expiry Date: _____/_____

Private Health Insurance: _____ Number: _____

☐Health Care ☐Pension Card Number: _____ Expiry Date: ____/____/_____

DVA Number: _____Expiry Date: _____ ☐Gold, ☐White, ☐Lilac, ☐Orange

Do you have any allergies? Yes☐ No☐ *If yes*, please comment _____

Occupation: _____ Employer: _____

CULTURAL BACKGROUND

Knowing your cultural background can help us provide healthcare that meets individual needs.

Are you of Aboriginal or Torres Strait Islander origin?
Yes, Aboriginal☐ **Yes**, Torres Strait Islander☐ **Yes**, both Aboriginal and Torres Strait Islander☐
If yes, Are you registered for 'Close the Gap'? Yes ☐ No ☐

No☐ Other cultural background: _____ (e.g. Australian, Indian, Maori)

Is English your first language? Yes☐ No☐
If no, do you require an interpreter? Yes ☐ No☐ Please specify language _____

NEXT OF KIN DETAILS:

Full Name: _____

Relationship to you: _____

Address: _____

_____

Home ph: ( ) _____Mobile: _____

EMERGENCY CONTACT DETAILS:

Full Name: _____

Relationship to you: _____

Address: _____

_____

Home ph:( ) _____Mobile:_____

For Children: Head of Family: _____

CONSENT

Our Practice uses a reminder system to help maintain your health. The Practice sends reminders by post, email or telephone for procedures such as vaccinations, cervical screens and other health reviews.
Do you consent to being contacted with reminders to help you maintain your health? Yes ☐ No☐

How would you like to receive correspondence from us, via post or email? Email ☐ Post ☐

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HEALTHCARE PRIVACY NOTICE FOR PATIENTS

To enable ongoing care and continuity of total quality improvement within this practice, and in keeping with the Privacy Act 1988 and National Privacy Principles, we wish to provide you with sufficient information on how your personal health information and medical records may be used and or disclosed to a third. This will allow you the opportunity to either consent or deny release of your details.

Your personal health information and medical records will only be used for the purpose for which they were collected ie: investigation reports, Medicare and health insurance details and from other sources like specialists correspondence or as otherwise permitted by law. We respect your right to determine how your personal health information is used and / or disclosed. We require your consent to collect personal information about you and to use the information as outlined below.

Please read this consent form carefully, and then sign where indicated below.

I hereby consent to the use and disclosure of my personal health information and medical records, as required by Southern Cross General Practice for the following purposes:

- Provide relevant information to other treating doctors, specialists or allied health professionals,
- For reminder letters which may be sent to you regarding your health care management,
- National or State registers (ie: immunisation data),
- State or Territory reminder systems (ie: cervical screening),
- Accounting, Medicare and Health Insurance Commission requirements (ie: billing),
- Quality assurance activities, such as; Accreditation,
- Disease notification as required by law (ie: infectious diseases),
- Disclosure to doctors, nurses and allied health professionals when consulting with you in this practice,
- Lawful disclosures as required by law (ie: subpoenaed documents), and
- For research purposes (anonymous)

Any concerns about this form, then please feel free to discuss this with your doctor.

_____ _____
Patient Name *Guardian Name*

_____ _____
Patient Signature *Patient Name*

_____/_____/_____
Date

This practice adheres to the principles of the Royal Australian College of General Practitioners (RACGP) Handbook (4th ed.) for the management of health information in private medical practice and has a written 'Privacy Policy' which is available to all patients on request.