TORQUAY • CRAIGNISH DOCTORS

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Master ☐ Dr

Last Name: ..... **First Name**: ..... **Middle Name**.....

Preferred Name: ..... **Marital Status:**.....

Date of Birth: ..... **Gender identified at birth** : ☐ Male ☐ Female ☐ Not Specified

The following information will assist us in the planning and provision of the best possible care:

Do you identify as Aboriginal or Torres Strait Islander?

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Both, Aboriginal and Torres Strait Islander

Are you registered at this Practice for Closing the Gap (CTG)? ☐ Yes ☐ No

Country of Birth.....Ethnicity..... Is English your first language? ☐ Yes ☐ No

If English is not your first language, do you require an interpreter? ☐ Yes ☐ No

Street Address: .....

Suburb: ..... Postcode: .....

Home Phone No: ..... Work Phone No: .....

Mobile No: ..... Email: .....@.....

Emergency Contact: ..... Relationship:..... Ph No:.....

Next-of-Kin: ..... Relationship: ..... Ph No: .....

How would you like us to contact you? ☐ Home Phone ☐ Work Phone ☐ Mobile ☐ Email ☐ Post

Can we SMS or leave a message on your message-bank regarding an appointment? ☐ Yes ☐ No

Are we able to discuss your medical information with another member of your family or friend? ☐ Yes ☐ No

If *yes* - please state their name and relationship to you: .....

Can we put your name on a formal reminder system for preventive care? ☐ Yes ☐ No

PLEASE SIGN HERE IF YOU CONSENT TO THE ABOVE: .....

Medicare Card No: ☐☐☐☐☐☐☐☐☐☐ Ref: ☐ Expiry Date: .....

☐ Health Care Card **or** ☐ Pension Card No: ..... Expiry Date: .....

☐ DVA Card No: ..... Expiry Date: ..... ☐ Gold ☐ White

Do you have Private Health Insurance: ☐ Yes ☐ No

Occupation: .....

Torquay Doctors
418 Esplanade, TORQUAY QLD 4655
P: 4125 2422 F: 4125 5846
E: reception@torquaydoctors.com.au

Craignish Doctors
1 Karraschs Rd, Craignish QLD 4655
P: 4125 2422 F: 4125 5846
E: reception@torquaydoctors.com.au

TORQUAY • CRAIGNISH DOCTORS

Name: ..... **Date of Birth**: .....

Do you have any known allergies? ☐ No ..... ☐ Yes: ☐ Nil Known

Have you ever had an allergic reaction? ☐ No ..... ☐ Yes:

Do you have any significant family history? ☐ Don't know ☐ No ☐ Yes - please complete details below:

☐ Diabetes ☐ Type 1 ☐ Type 2 Family Member: .....

☐ Cancer Type of Cancer: ..... Family member: .....

☐ Heart Disease Family Member: .....

☐ Hypertension Family member: .....

☐ Stroke Family member: .....

☐ Depression Family member: .....

☐ Other: .....

Smoking: ☐ Non-smoker ☐ Smoker - how many/day: ..... ☐ Ex-smoker - year stopped: .....

Alcohol: ☐ Non-drinker ☐ Drinker - how many days/week: ..... How many std drinks/day: .....

Past Drinker: ☐ No ☐ Yes: ☐ Occasional ☐ Moderate

Year started (if known): ..... Year stopped (if known): .....

What is your weight: ..... **What is your height:** .....

Please list any medications that you are currently taking (including vitamins and herbal medicines):

Name of medication: ..... Strength: ..... Daily Dose: .....
Name of medication: ..... Strength: ..... Daily Dose: .....
Name of medication: ..... Strength: ..... Daily Dose: .....
Name of medication: ..... Strength: ..... Daily Dose: .....
Name of medication: ..... Strength: ..... Daily Dose: .....
Name of medication: ..... Strength: ..... Daily Dose: .....
Name of medication: ..... Strength: ..... Daily Dose: .....
Name of medication: ..... Strength: ..... Daily Dose: .....

Have you had any immunisations recently? ☐ Flu Vaccine ☐ Pneumococcal Vaccine ☐ Zostavax

☐ Other - please state: .....

If child - are all childhood immunisations up-to-date? ☐ Yes ☐ No

Any significant personal past medical history?

☐ Diabetes ☐ Type 1 ☐ Type 2 Year diagnosed: .....

☐ Cancer Type of Cancer: ..... Year: .....

☐ Heart Attack .....

☐ Blood Pressure .....

☐ Stroke .....

☐ Depression .....

☐ Other .....

Torquay Doctors
418 Esplanade, TORQUAY QLD 4655
P: 4125 2422 F: 4125 5846
E: reception@torquaydoctors.com.au

Craignish Doctors
1 Karraschs Rd, Craignish QLD 4655
P: 4125 2422 F: 4125 5846
E: reception@torquaydoctors.com.au

TORQUAY DOCTORS & CRAIGNISH DOCTORS

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?

Doctors and staff at Torquay Doctors and Craignish Doctors 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 Torquay Doctors Privacy Policy (March 2014). If you wish to read this document in full prior to signing, we can provide you with a hard copy. 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 Torquay Doctors and Craignish Doctors have 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.

CANCELLATION AND LATE POLICY

Torquay Doctors and Craignish request patients to cancel or rebook their appointments if they are unable to attend for any reason with no less than 2 hours' notice. If you do not attend more than five (5) appointments without notice you may be asked to find another medical provider. Torquay Doctors and Craignish Doctors are not responsible for any reminder calls, except in certain circumstances. It is the patient's responsibility to remember and attend their appointment.

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:** _____

Torquay Doctors
418 Esplanade, TORQUAY QLD 4655
P: 4125 2422 F: 4125 5846
E: reception@torquaydoctors.com.au

Craignish Doctors
1 Karraschs Rd, Craignish QLD 4655
P: 4125 2422 F: 4125 5846
E: reception@torquaydoctors.com.au