Robina Town Medical Centre

Robina Town Centre
27 Arbour Lane Terraces
Robina Town Centre, 4226
Phone: 5578 9000
Fax: 5562 2176

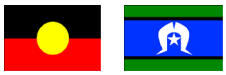
ALL CORRESPONDENCE TO:
PO Box 3172
Robina Town Centre, 4230

Easy T Medical Centre
42 Scottsdale Drive
Robina, Q, 4226
Phone: 5503 6333
Fax: 5575 8906

Welcome! "We provide patient care"

Please note: New patients are required to show ID at first visit (to prevent identify theft)

Information on our practice and your rights can be viewed on our practice information sheet or website

Title	Mr Mrs Miss Ms Dr Other:	
Your Name	First name: Surname: Preferred name?	
Date of birth		**Please note!** If you are 17 or older Medicare require you to have a registered bank account so rebates are not paid to a parent. **Ring 132011**. You can use parent bank account but you need individual registration still.
Sex \ Assigned Gender:	M F	Preferred gender:
	**Ethnicity:** ☐ Australian; non indigenous ☐ Both Aboriginal and Torres Straight Islander	☐ Aboriginal ☐ Torres Strait Islander but not Aboriginal ☐ OTHER (please note country of birth):
Residential Address:		
Postal Address?		
Phone	Home:	Work: Mobile
Email		
Occupation		
Preferred contact ?	☐No preference ☐Mobile ☐Work ☐Home	
Bill payer (If patient not paying) **Hand M\Care card to Reception**	Name : Address : Relationship to Patient ?	
Preferred method for **Electronic Prescriptions**	☐ Text to mobile noted above ☐ Paper only	☐ Text to a carer or family member (note mobile): ☐ Email:

Medicare Card:	**Please hand to Reception**
DVA Card?	**If yes, please hand card to Reception**
Pension OR Health Care Card	**If yes, please hand card to Reception**

IMPORTANT Next of kin:	Full name: Mobile: Relationship?:_____ eg mother, partner, sister, friend etc ☐ Address (same as patient). Other: ☐ **Next of Kin is ALSO emergency contact**. If not please complete below:
Emergency contact:	☐ As above OR Full name: Mobile: Relationship: _____ eg mother, partner, sister, friend etc ☐ Address same as patient. Other:

1. PLEASE TURN OVER…..

AT COMPLETION OF THIS PAGE, please hand to Reception <u>before starting final 2 pages</u>

<u>We have to type your details on the computer or your doctor won't know you're here</u>

<u>BOOKING ONLINE:</u> Visit our robinatownmedicalcentre website and book your next appointment online 24/7.

<u>CHECKING IN VIA KIOSK's</u>: Check in via our wall screens to arrive yourself and see where you are in any queues

<u>CLAIMING YOUR REBATE:</u> Esure you have registered your bank details with Medicare for an overnight rebate
If any private charges for Children in a shared care situation tell reception before paying.
They will change the **payee** name so the rebate goes to the right bank account

CONSENT, REMINDER SYSTEMS, CONTACTING YOU and YOUR PRIVACY

It is important we are able to contact you by phone, email or mail to:

- Confirm or move an appointment
- Ask you to return for your results
- Let you know the doctor wants to see you or to pass information to you
- Let you know you are eligible for a certain type of visit
- Let you know of a service the practice might be offering
- Let you know our recall system says you are due for a visit, eg pap smear

Our recalls \ reminders are sent as a text. The text can <u>only</u> be read once you click the link and insert your surname and DOB for identification. You can then see the reason for recall and you can book online from there if you wish. *Clicking the link stops future reminder texts for that reason*. Failed texts are dealt with manually so nobody is missed. **WANT TO OPT OUT?** Instead of receiving a text we will ring or send a letter instead. If you do not wish to be contacted about **any** recall\reminders you will be required to complete and sign a document outlining your acceptance of any consequences. The document will be scanned and attached to your file. Please be aware your doctor will discuss with you if there are issues continuing your care in this case.

Health information for research and practice development?
Our practice provides health information to government registers ie cervical screening and the immunisation register.
If you do not wish this to happen please inform your GP or the nurse. This may affect Centrelink payments.

To ensure self improvement our practice must assess and prove we are improving in clinical measures. We have software in place which gathers results in a de-identified manner, ie no patient names. If you do not wish to be part of our practice development please tell your Doctor or Reception who can pass this to a manager.

Note! Patient privacy is very important and we have strict rules to follow.

a) If any family members leave the family group please let us know so we can 'unlink' you and make notes in your file.
b) Please let us know if we can leave messages on any home answering services if ringing to speak to you.
c) We do leave full messages on mobile phones as these are presumed to be accessed only by the person we have rung.
d) Requests for emailed information can only be done on prior approval by your GP and you will need to obtain our password to unlock any attachments from either your doctor or reception.
e) We cannot discuss family members existing appointments or clinical information without direct consent (from age 14)

CONSENT: Your consent is assumed insofar as allowing practice staff to carry out processes in relation to your healthcare**.**
At times we need to use an electronic Medicare services to check eligibility for services or to obtain valid Medicare details.
If you do not wish for this to happen without individually gained consent, can you please let Reception or your doctor know?
If we cannot check eligibility you may be required to pay up front for services in case Medicare deem you as not being eligible.

"My Health Record" <u>Patient controlled electronic health record</u>. A Health Summary is an online summary of key healthcare information. You, and healthcare providers can view this securely online. Unless you opt out you will have been allocated a shared Heathcare record. RESULTS ARE AUTOMATICALLY UPLOADED by a growing number of pathology\radiology companies. Please tell your doctor <u>at the time they are writing a request</u> **<u>if you do not want</u>** those results uploaded.
How is a shared summary useful? If you travel or are unable to talk, other healthcare providers can access your allergies, medication, medical conditions and results.

☐ **Would you like your previous records sent here from another practice? Please ask Reception or your doctor**

☐ **Do you attend more than one GP surgery for your healthcare needs?**

Surgery Name: Phone if known: ***Please tell your doctor <u>today</u> about this***

YOUR HEALTH HISTORY **please give these following pages to your doctor ONLY **

Your doctor needs information about your past and present health in order to provide you with high quality care.

Please re-write your Name:_____DOB_____

Do you have any allergies or sensitivity to drugs or dressings?

☐ Unsure ☐ No ☐ Yes (If yes please list)

Please note your birth ethnicity, eg Italian (This helps us provide appropriate \ specific care): _____

Do you have any of the following?

☐ Asthma?

☐ Diabetes Type 1 ☐ Diabetes Type 2 ☐ Gestational Diabetes ☐ Other: _____

☐ Hypertension? (High blood pressure)

☐ Chronic illness? Eg Heart Disease

☐ Other? _____

Have you ever had an operation? Please list or tell your doctor :

Immunisations. Have you had the following immunisations?

Tetanus booster	Year_____	☐ Don't Know	☐ Haven't had one
Hepatitis B	Year _____	☐ Don't Know	☐ Haven't had one
Hepatitis A	Year _____	☐ Don't Know	☐ Haven't had one
Influenza	Year _____	☐ Don't Know	☐ Haven't had one
Pneumococcal	Year _____	☐ Don't Know	☐ Haven't had one
Polio	Year _____	☐ Don't Know	☐ Haven't had one

Children's Immunisations – ***If this form is for a child*** are their immunisations up to date?

☐ Yes ☐ No ☐ Unsure ☐ Parent is a conscientious objector ☐ Child is medically exempt

Please list any Current Medication (including over the counter medications, vitamins and minerals):

Social History (please circle)

Do you smoke? ☐ NO ☐ YES: Tobacco: _____ day / week / month / Other _____

☐ Ceased Smoking? Roughly how long ago? _____

Do you drink Alcohol? ☐ NO ☐ YES: Assuming one glass then how many a day / week / month / Other_____

☐ Beer ☐ Spirits ☐ Wine Other _____

Do you take recreational substances? ☐ NO ☐ YES: (type and frequency) _____

Height: _____ ☐ **not sure**

Weight_____ ☐ **not sure**

Is there a Family History of: *Please note your relationship with the family member underneath, eg Mother

☐ Diabetes? ☐ Asthma? ☐ Heart Disease? ☐ Mental illness? ☐ Cancer?

_____ _____ _____ _____ _____

Cholesterol: Has it been checked in the last 12 months? ☐ Yes ☐ No
Do you remember the level?

Blood Pressure: Has it been checked in the last 12 months? ☐ Yes ☐ No

Sun Protection: How often do you protect yourself from the sun when outdoors?

	Always	**Often**	**Sometimes**	**Rarely**	**Never**
Protective clothing	☐	☐	☐	☐	☐
Sunscreen / creams	☐	☐	☐	☐	☐

Females: When did you last have the following?

Pap smear Date_____ ☐ not sure ☐ never

If had elsewhere do you remember which medical centre? _____

Breast check Date_____ ☐ not sure ☐ never

Mammogram Date_____ ☐ not sure ☐ never

Skin check Date_____ ☐ not sure ☐ never

Males: When did you last have a check for the following?

Overall check up Date _____ ☐ not sure ☐ never

Prostate check Date _____ ☐ not sure ☐ never

Skin check Date_____ ☐ not sure ☐ never

Do you have any health concerns you would like to receive more information on?

IMPORTANT: **Your Medical Records at our practice**
If in the future should you require your records to be sent to another practice (or a 3rd party) you must provide written/signed consent from the age of 16 (or earlier if GP deems this appropriate). There may be a fee depending on how the other practice accepts records.
Your information in our system: please read our patient waiting room 'information booklets' to learn more about this but if our practice is contributing to research we use de-identified information from within our system to contribute.

You're finished!

Thank you very much for filling in our paperwork, it really helps us ensure your records are up to date.
If at any time you feel something should be updated, be sure to mention this to your GP or the nurse.

4th (last) page