Robina Town Medical Centre

Robina Town Centre

Shop 5005, Robina Town Shopping Centre, 19 Robina Town Centre Drive Robina QLD 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, QLD, 4226

Phone: 5503 6333

Fax: 5575 8906

Welcome to our practice ☺

Information on our practice and your rights can be viewed on our practice information sheet or the black folder in each waiting area. We are committed to providing you with the best care and to do this it is essential your medical records are up to date and accurate.

Title	Mr Mrs Miss Ms Dr Other:		
NAME **(First name then Surname)**			
Preferred first name?		Date of Birth	
Physical sex	M F Indeterminate Unknown	Identifies as:	
 	**Ethnicity:** Aust; non indigenous Aboriginal but not Torres Strait Islander Torres Strait Islander but not Aboriginal Both Aboriginal and Torres Straight Islander OTHER (please note country of birth):		
Residential Address:			
Postal Address:			
Phone	Home:	Work:	Mobile
Email			
Occupation			
Preferred contact:	No preference Mobile Work Home SMS Email Letter Consent to SMS (mobile phone text) appointment or recall reminders?		
Bill payers details (If patient is not paying)	Name : Address : Relationship to Patient ? **(Please hand Medicare number to Reception)**		
IMPORTANT ***Next of kin*:** (Your emergency contact)	Name (First name then Surname) Mobile No: Relationship to patient?:_____ eg mother, partner, sister, friend etc Their Address **(tick if as same as patient)** _____		
Medicare Number: *Please hand card to Reception*	**DVA Number:** *Please hand card to Reception*	**Pension Number:** *Please hand card to Reception*	**Health Care Card Number:** *Please hand card to Reception*

1. PLEASE TURN OVER…..

BOOKING ONLINE: Visit our robinatownmedicalcentre.com.au website and book your next appointment online 24/7! We are starting to develop some great patient resources – so keep an eye on the website.

ARRIVING FOR YOUR APPOINTMENT: Both our practices have an electronic screen near the reception desk and you are encouraged (FOR DOCTOR ONLY APPOINTMENT) to check in and 'arrive' yourself. This has the added benefit of confirming your address\phone number each time and letting you know where you are in any queues.

CLAIMING YOUR REBATE: We provide instant rebates (where you are eligible) if you have registered your bank details with Medicare.

REMINDER SYSTEMS and CONTACTING YOU …

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, e.g. pap smear

Our reminders are sent as a text. The text can only be read once you have inserted your surname and DOB to identify yourself. A link is provided to immediately book online or you may prefer to ring. It is imperative your mobile number is kept up to date. If you opt-out of texts we still need to ring or send you a letter if your doctor needs to see you. Failed texts are dealt with manually so nobody is missed.

Your consent is assumed so if you do not wish to be contacted please discuss this with your GP. This does affect the health care we can provide you so it is up to the GP if they wish to continue providing your health care services or not.

If you **do not** wish to be contacted you will be required to complete and sign a document outlining your acceptance of any consequences and this document is scanned and attached to your file. Your doctor will discuss with you if there are issues continuing your care in this case.

Our practice provides health information to government registers i.e. 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.

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 message services if ringing to speak to you.
c) We 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.

Shared GP? Is there another GP surgery you regularly attend?

Surgery Name: Phone if known:

GP Name:

Address:

Previous GP? Is there a GP surgery you will no longer be attending?

Please let reception know if you wish to organise for a copy of your records to be sent to us.
They will ask you to sign a 'release of medical records' form which we fax to your old surgery. Some surgeries may have an administration charge to send your records and we can receive quite a lot of information electronically.

PLEASE HAND PAGES 1&2 TO RECEPTION before starting pages 3&4.

We need to add you to the computer so your doctor knows you're ready

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) _____

Please re-write your Name:_____DOB_____

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. We provide a summary at no cost but full records may incur an administration fee.

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.