

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 to our practice ☺

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

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:
Your Name (First name then Surname)	First name:		Surname:			
Date of birth	Preferred name?					
Sex \ Assigned Gender:	M	F	Preferred gender:			
 	Ethnicity: <input type="checkbox"/> Australian; non indigenous <input type="checkbox"/> Aboriginal but not Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/> OTHER (please note country of birth):					
Residential Address:						
Postal Address?						
Phone	Home:	Work:	Mobile			
Email						
Occupation						
Preferred contact:	<input type="checkbox"/> No preference <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> 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 card to Reception)					

Medicare Number:	If yes, please hand card to Reception
DVA Number:	If yes, please hand card to Reception
Pension Number	If yes, please hand card to Reception
Health Care Card No	If yes, please hand card 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) <input type="checkbox"/>

1. PLEASE TURN OVER.....

2.

When this side completed PLEASE HAND TO RECEPTION (before starting next pages)

We need to add you to the computer so your doctor know's you're here

BOOKING ONLINE: Visit our robinatownmedicalcentre 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 a 'kiosk' screen near reception where we encourage you to arrive yourself. In the process it allows you to confirm your contact details and see 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, 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 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.

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 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.

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.

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 your 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? We will need to assess if it is easier for you to pay up front for services in case you are not eligible.

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

Would you like your previous records sent here ?

Please ask reception for a 'release of medical records' document so you can sign it and we will forward to your old practice.

OR is there a GP surgery you will share your healthcare needs with?

Surgery Name:

Phone if known:

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 _____	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Haven't had one
Hepatitis B	Year _____	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Haven't had one
Hepatitis A	Year _____	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Haven't had one
Influenza	Year _____	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Haven't had one
Pneumococcal	Year _____	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Haven't had one
Polio	Year _____	<input type="checkbox"/> Don't Know	<input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunscreen / creams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.