



# KEEN STREET PRIVATE CLINIC

## New Patient Information Form

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We are committed to providing our patients with the best care. To do this it is essential that your health record is kept up to date and accurate.

Could you please assist us by completing the following:

Title	Mr	Mrs	Ms	Miss	Other
Surname					
First Name					
Middle Name					
Date of Birth					
Street Address					
Suburb and Post Code					
Home Phone					
Work Phone					
Mobile Phone					
Email					
Medicare Number & Ref				Ref No	Expiry Date
DVA Gold / White (Please circle)				Expiry Date	
Pension Number				Expiry Date	
Health Care Card Number				Expiry Date	
Occupation					
Private Insurance					
Next of Kin (Name and Telephone number)	(Name and Telephone number of the person we can contact if needed)				
	Relationship to yourself:				
Emergency Contact					

Australia is a genuinely multicultural society. To tailor appropriate care, encourage understanding and appreciation between people from different nationalities and backgrounds –Do you identify as someone from a culturally and/or linguistic diverse background?

To assist with health initiatives - are you Aboriginal or Torres Strait Islander?

Yes - Aboriginal     Yes - Torres Strait Islander     Yes - Aboriginal & Torres Strait Islander     Other



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### Reminder Systems:

Our practice provides our patients with preventive care and early case detection reminders e.g. immunisations, annual health assessments, care plans and pap smears.

### If we need to contact you what is your preferred method of contact:

Home phone    Mobile phone    Mail    Email

SMS Reminders will be sent via **HOTDOC**

### Your health history - Do you have or have family a history of?

- Heart Disease
  - Cancer
  - Asthma
  - Diabetes
  - Chronic illness
  - Other
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### Have you had any Operations?

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### Do you have any allergies or are you sensitive to drugs or dressings:

Yes (If yes please list below with the reaction).   No

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If you have ticked any of the above boxes have you had a GP Management Plan/Care Plan completed by your doctor  yes  No  Don't know

### Immunisations - have you had the following immunisations?

Tetanus booster   date \_\_\_\_\_    Don't Know    Haven't had one  
Influenza (Flu vac) date \_\_\_\_\_    Don't Know    Haven't had one  
Pneumococcal   date \_\_\_\_\_    Don't Know    Haven't had one

### Children's immunisations - if completing this form for a child are their immunisations up to date?

Yes    No

### Current medications (including over the counter medications, vitamins and minerals):

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### Social history

- Tobacco: \_\_\_\_\_ day / week or Ceased Smoking - date \_\_\_\_\_
- Alcohol: \_\_\_\_\_ day / week / month (circle the one applicable)
- Drug use: \_\_\_\_\_ (type and frequency)
- Married       Single       Widowed       Divorced       Separated       Defacto
- Number of children if any \_\_\_\_\_
- Sexual preference  Heterosexual    Homosexual    Other
- Height:** \_\_\_\_\_ cms      **Weight:** \_\_\_\_\_ kgs
- Blood Pressure: when was the last time your blood pressure was taken?**
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### Females: When did you last have?

- Pap smear      Date \_\_\_\_\_       not sure       never
- Breast Check      Date \_\_\_\_\_       not sure       never

### Males: When did you last have?

- An overall check-up      Date \_\_\_\_\_       not sure       never

### Your Privacy is our concern

In accordance with the Privacy Act, all information collected in this practice is treated as "sensitive Information". To protect your privacy, this practice operates in accordance with this Act.

We use this information you provide to manage your health care. You can assist in maintaining the Accuracy of your information by advising the practice of changes to your address, phone number, Medicare card and next of Kin.

Selected information may be disclosed to various other health services involved in supporting your health care management. (E.g. Pathology & radiology providers, immunisation registers, specialist or community health referrals, etc.)

If you have any questions or concerns regarding how we handle your personal health information or need to arrange access to your records, please ask the staff or your doctor, as appropriate.

### Health Information

Having a My Health Record means your important health information like allergies, current conditions and treatments,

Medicine details, pathology reports or diagnostic imaging scan reports can be digitally stored in one place. Healthcare providers like doctors, specialists and hospital staff can see these details online from anywhere at any time when they need to, such as in an accident or emergency.

Please ask reception staff more information.

\_\_\_\_\_ have read and understand all of the above.

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**Signature**

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**Date**