# **New Patient Registration & Health Questionnaire**

**Title (Please circle):** Mr Mrs Ms Miss

**Name :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Postcode:** \_\_\_\_\_\_\_\_

**Ph:** (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Next-of-Kin:**­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [**Ph:**](Tel:_________________________) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [**Ph:**](Tel:_________________________) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medicare Card:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ref No:**\_\_\_\_\_\_\_\_\_\_\_ **Exp:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DVA/Pension/Health Care Card** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Exp:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Select Ethnicity:**

🗖 Aboriginal 🗖 Torres Strait Islander 🗖 Aboriginal & Torres Strait Islander

🗖 Neither Aboriginal nor Torres Strait Islander 🗖 **Cultural Background \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ringwood Medical Health Centre cannot guarantee confidentiality if you choose to communicate with us via email due to unsecured encryption services. Please indicate your understanding of this by ticking the box below:**

🗖 Yes, I understand any confidential information I send via email to the practice may be open to a third party and take this into consideration if I choose to communicate in this manner.

**At times our staff may need to contact you to follow up results or send reminder notices as part of our recall system. Do you agree to be contacted in these instances?** 🗖 Yes 🗖 No

# **Privacy Act 1988**

The Privacy Act 1988 (Commonwealth) is an Australian law which regulates the handling of personal information about individuals. This includes the collection, use, storage and disclosure of personal information. In terms of access to records about an individual's time in institutional 'care', the Commonwealth Privacy Act may be relevant to records held by a non-government organisation, where the organisation's records are not covered by the state or territory's information privacy laws. A copy of Ringwood Medical Health Centre’s privacy act can be obtained from reception staff. For further information on the privacy act, visit the website of The Office of the Australian Information Commissioner at www.oaic.gov.au

**Patient/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please give this form to the doctor to enter health details into your file***

|  |  |
| --- | --- |
| Current medications? | Natural medicines/vitamins? (if so, please list) |
| Allergies (environmental, medicine or food-related)? | Operations/ hospitalizations? |
| Major illness as a child/teenager/adult? | Regular exercise? (type and how often) |
| Are you a smoker? 🗖 Yes 🗖 No  If yes, how many cigarettes per day? \_\_\_\_\_\_\_\_\_\_\_ | Do you drink alcohol? 🗖 Yes 🗖 No  How many times per week? \_\_\_\_\_\_\_\_\_\_\_\_\_\_  How many drinks per session? \_\_\_\_\_\_\_\_\_\_\_\_ |

## FAMILY HISTORY: Do your parents or grandparents suffer from any of the following:

🗖 Allergies 🗖 Arthritis 🗖 Asthma 🗖 Cancer 🗖 Depression 🗖 Diabetes

🗖 Hay fever 🗖 Heart disease 🗖 Hepatitis 🗖 High blood pressure

🗖 High Cholesterol 🗖 Kidney problems 🗖 Liver disease 🗖 Thyroid problems

🗖 Other health issues?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Ringwood Medical Health Centre?

🗖 Referred by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🗖 Website 🗖 Facebook 🗖 Health Engine

🗖 Newspaper 🗖 Close to home/work 🗖 Google 🗖 Brochure 🗖 Signage

🗖 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I consent for Ringwood Medial Health Centre to upload medical information to My Health Record**

🗖 Yes 🗖 No