

# New patient registration form

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Welcome to Plantagenet Medical! Please complete new patient registration form as accurately and thoroughly as possible. Your privacy is important to us – all information is kept confidential. This form is available in alternative formats on request.

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## Section A: Personal Details

First Name:		What was your sex recorded at birth? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Another term
Preferred Name:		How do you describe your gender? <input type="checkbox"/> Woman or female <input type="checkbox"/> Man or male <input type="checkbox"/> Non-binary <input type="checkbox"/> I use a different term <input type="checkbox"/> Prefer not to answer
Last Name:		What are your preferred pronouns?  <input type="checkbox"/> She/Her <input type="checkbox"/> He/Him <input type="checkbox"/> They/Them
Date of Birth:	Relationship Status:	

Medicare Number:	Ref No:	Expiry:
DVA Number (if applicable):		
Healthcare Card/Pension Card Number (if applicable):	Ref No:	Expiry:

Occupation:
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Street Address:	Post Code:
Postal Address (if different):	Post Code:
Mobile number:	Home Number:
Work number:	Email Address:

Next of Kin Name:	Relationship:
Mobile Number:	Work Number:
Email:	

Emergency Contact Name (if different from next of kin):	Relationship:
Mobile Number:	Work Number:
Email:	

## Section B: Cultural Background

Knowing your cultural background can help us provide healthcare that meets your individual needs.

Are you of Aboriginal or Torres Strait Islander origin?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, both Aboriginal and Torres Strait Islander	
Country of birth:	
Other cultural/religious background?(eg Japanese, Catholic, Jehovah's Witness):	
Is English your main language spoken at home?  <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you require an interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes  Please specify language:

## Section C: Personal Medical History

Please give details of your personal medical history to your practitioner at your first consult.

Required information includes:

- List of known allergies or intolerances
- List of current regular medications taken, including supplements
- List of current medical issues
- List of past significant medical issues, including surgeries and hospitalisations
- Personal history of smoking
- Personal history of alcohol and other substance use

Please be prepared to provide this information as accurately and as honestly as possible, to ensure that your practitioner can provide you with individualised care.

Many patients choose to arrange transfer of records from their previous practice to ensure the handover of relevant clinical information.

**Would you like to arrange this?**

☐Yes ☐No

### **Section D; Consent:**

Our practice uses a reminder system to help you maintain your health. The practice sends reminders via post, telephone or SMS for procedures such as vaccinations, cervical screening and other health reviews. Our practice uses SMS, telephone and post for notification of results and correspondence received.

**I consent to being contacted to help me maintain my health and follow up from tests and correspondence.**

☐Yes ☐No

Our practice also sends information to the Australian Immunisation Register and National Cancer Screening Program. These registers also send reminders, which can be helpful if you move.

**I consent to my relevant information being securely transmitted to the Australian Immunisation Register and the National Cancer Screening Program, as above.**

☐Yes ☐No

Our practitioners can also access your My Health Record to retrieve information such as discharge letters, pathology results, radiology results and shared health summaries. We can upload shared health summaries, event summaries and advance care planning documents for you. Keeping this record up to date helps ensure essential medical information is readily available should you need to attend another practice, or a hospital within Australia.

**I consent to upload of my Shared Health Summary and other relevant documents to My Health Record on a regular basis, to ensure my records are up to date.**

☐Yes ☐No

Signature of patient or guardian:	Date:    /    /
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## Section E: My Medicare

My Medicare is a new initiative by the Federal Government to help maintain continuity of care at your regular GP practice. If Plantagenet Medical is now your regular practice, please register with My Medicare so that you are eligible for maximal Medicare rebates, including for chronic condition care plans. You can do this via the My Medicare app, online via MyGov, or with a paper form available from our reception team.

**We know that circumstances change over time. Please advise us if any of the above information changes, so we can update your records.**