New Patient Information Form - Strictly Confidential

At ALL times we are required to ensure your details are treated with the utmost confidentiality.

Email back to – *admin@amityfamilypractice.com.au*

Contact Information	**Last Name:**	**First Names:**	Title:
Gender:	Birth Sex: Pronouns: He/She/They	**DOB:**	
Street Address:			
Postal Address:	*(if different to above)*		
Phone Nos:	Home:	Work:	Mob:
Email:			
Emergency Contact	Name:	Relationship to you:	
Home Phone:		Mobile Phone:	
Next of Kin	Name:	Relationship to you:	
Home Phone:			
Healthcare Identifiers	Medicare Number:	Ref No.:	Expiry: ___/___
Dept. of Veterans' Affairs File Number:		☐ Gold ☐ White	
Concession (Pension/Health Care) Card Number:		Expiry: ___/_____	

Cultural Identity **To assist with health initiatives - are you Aboriginal and/or Torres Strait Islander?**

☐ No ☐ Yes – Aboriginal ☐ Yes - Torres Strait Islander ☐ Yes - Aboriginal and Torres Strait Islander

Do you identify as someone from a culturally and/or language diverse background? - ☐ No

☐ Yes Please elaborate _____

Do you require an interpreter service? ☐ No ☐ Yes

ALLERGY INFORMATION

Do you have any allergies or are you sensitive to drugs or dressings? ☐ No **or** ☐ Yes

Provide Details – Allergic to: _____

CURRENT MEDICATIONS – Please list all your current medications, including complementary and over-the-counter medicines (e.g. homeopathic medicines such as vitamins and minerals etc.)

Your Medical History: had any of the following? Tick	**Lifestyle Risk Factor Information**
☐ Surgery – provide details:	***Smoking*** ☐ No ☐ Ceased - date_____ or N/A ☐
	☐ Yes - how many ___ day / ___ week
☐ Asthma ☐ Diabetes ☐ Chronic Illness	***Alcohol*** ☐ No ☐ Yes
☐ Hypertension / Heart Disease	- how many ___ day / ___ week / ___ /mth
☐ Mental Health Issues	***Recreational Drug Use***
☐ Other – provide details:	☐ No ☐ Yes - type_____ frequency ____
Family Health History Information	
Have any members of your family have:	☐ Mental Illness
☐ Heart Disease ☐ Diabetes ☐ Asthma	☐ Cancer – type:
☐ Other significant - provide details:	

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PAGE 2 – PRIVACY, CONSENT & PRACTICE POLICIES

Amity Family Practice collects personal and health information to provide safe, high-quality medical care in accordance with the **Privacy Act 1988 (Cth)**, Australian Privacy Principles and relevant legislation.

CONSENT & ACKNOWLEDGEMENT

By signing below, I acknowledge and agree that:

1. Use & Disclosure

My information may be collected, used and disclosed for:

- Provision of medical care
- Referrals and receipt of specialist, pathology or imaging results
- Billing and Medicare compliance
- Accreditation and quality improvement activities
- Mandatory reporting obligations
- De-identified research or teaching
- Legal requirements

2. Test Results & Follow-Up

- I am responsible for making an appointment to discuss test results unless specifically advised otherwise.
- The practice will make reasonable attempts to contact me regarding clinically significant results.
- "No news" does not necessarily mean normal results.
- Failure to attend recommended follow-up may delay diagnosis or treatment.

3. Recall & Reminder System

The practice operates a recall and reminder system as a patient safety measure only.
I remain responsible for attending follow-up appointments and managing my ongoing health care.

4. Electronic Communication

I consent to contact via SMS, email or telephone for:

- Appointment reminders
- Recalls
- Results notifications
- Administrative communication

I understand:

- SMS and email are not fully secure forms of communication.
- Messages may be accessed by others if I share my device.
- It is my responsibility to keep contact details current.
- Reminders are a courtesy only.

5. My Health Record

The practice may upload relevant clinical information to My Health Record in accordance with Commonwealth legislation.

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I understand I may withdraw consent in writing at any time.

6. AI-Assisted Clinical Documentation

The practice may use secure AI-assisted transcription software (e.g. Heidi) to assist doctors in documenting consultations.
This software is used solely for clinical documentation and remains subject to Australian privacy laws.

7. MyMedicare (If Applicable)

If I register Amity Family Practice as my MyMedicare provider:

- The practice may confirm my enrolment with Medicare.
- I may attend other practices.
- I may withdraw at any time.

8. Billing Policy

I understand:

- Fees apply unless otherwise advised.
- Payment is required on the day of service.
- Medicare rebates are processed according to Medicare rules.

9. Withdrawal of Consent

I may withdraw or restrict consent in writing at any time.
Withdrawal does not apply retrospectively where disclosure was lawful.

IMPORTANT

If you do not agree with any section above, please draw a line through that section before signing and discuss this with your doctor or reception staff.

DECLARATION

I confirm that the information provided is accurate to the best of my knowledge and I understand the above policies and consent to the collection and use of my information as outlined.

Patient Name: _____

Signature: _____

Date: _____

If signed by parent/guardian:

Name: _____

Relationship to patient: _____

Staff Witness: _____