MILTON
MEDICAL CENTRE

New Patient Information Form				
Title :				
Family Name :				
Given Name :				
Preferred Name :				
Date of Birth :				
Medicare Card#:		Ref#:	Expiry:	
Healthcare or Pension Card#: CRN			Expiry:	
Do you identify as Aboriginal, Torres Strait Islander or both? (If not please state your ethnicity in the box below)	**YES**	**NO**		
Ethnicity:				
Street Address :				
Postal Address : (If different to above)				
Home Phone :		**Work Phone:**		
Mobile Phone :				
Email Address :				
Next of Kin :	**Full Name:**	**Contact Number:**		
Relationship to patient :				
Emergency Contact: (If different to next of kin)	**Full Name:**	**Contact Number:**		
Relationship to patient :				
Patient Signature :		**Date:**		

NB: Patients will not be prescribed narcotics, opioids or S8 medication on the first visit.

It is the policy of this practice to communicate relevant medical centre and health information to our patients via SMS and email. You can opt-out of these communications at any time.

Patient Consent (for Practice Communications)

Please read this carefully prior to signing

The purpose of this form is to inform you and seek your consent to the use and disclosure of your personal information (including health information) in regards to our reminder and notification systems within our practice.

Milton Medical Centre is committed to providing our patients with quality health care. As part of our commitment, we have implemented technology solutions to enable communications with our patients via SMS and mobile applications.

In keeping with our obligations under the "Privacy Act" 1988 (Cth), Australian Privacy Principles and under the State and Territory health records legislation, for more information regarding your personal information please refer to our privacy statement brochure located at reception our practice will send you from time to time the following types of communication:

- **Appointment reminders** – notification to remind you of upcoming appointments allowing you to confirm your appointment.

- **Clinical reminders** – notification to remind you to contact the practice to arrange appointments for regular clinical check-ups, medical procedures, immunisations etc. due.

- **Clinical communications** – communication to you about your clinical care at the practice such as returned pathology results or clinical messages from the doctor and /or nurse.

- **Health awareness** – communication to you in relation to general health care information and health care **services provided by our practice (for example flu season).**

Acknowledgement and Consent

I acknowledge and agree that in the course of providing health care services to me, Milton Medical Centre may need to use and disclose my personal information (including any health information) as set out in this form.

My preferred method of contact for all communication is: (only tick 1x)

☐ Telephone ☐ Letter ☐ Mobile/ SMS ☐ Email ☐ App

I acknowledge that Milton Medical Centre will use contact details provided by me (as updated by me from time to time) to communicate with me. To the extent that if the mobile number I have provided to this practice is for more than one patient, I understand and consent that all SMS and phone communications will be directed to that number.

And if I **do not wish** to receive health awareness communication (as described above) and I hereby specifically do not consent to the use of my personal information to access the types of health awareness communication it sends me and specifically consent to receipt of such health awareness communication.

PLEASE COMPLETE AND SIGN BELOW if you understand and agree to the acknowledgments and consent set out above.

PATIENT NAME: DOB:

PARENT/GARDIAN NAME (if under 16):

SIGNATURE: DATE: