classic way
FAMILY PRACTICE

P: 07 5568 0600 | F: 07 5593 4248
www.classicwayfamilypractice.com.au
2/6 Classic Way, Burleigh Waters QLD 4220

Mon - Fri: 8:00 am - 5:00 pm
Sun: 9:00 am - 1:00 pm

NEW PATIENT INFORMATION FORM

We are committed to providing the best possible patient care.
Please assist us in maintaining accurate and up-to-date records by completing this form.

Title: Mr Mrs Miss Ms Dr Other ..... **Date of Birth**: / /

Family Name: ..... **Given Name**: .....

Preferred Name: .....

Marital Status: ☐ Single ☐ De facto ☐ Married ☐ Divorced ☐ Widowed

Occupation: ..... **Country of Birth:** .....

Do you identify as: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither

Medicare Number: ..... Expiry: ..... /..... Ref: .....

Pension / Health Care Card: ..... Expiry: ..... /.....

Dept. of Veterans' Affairs: ..... Expiry: ..... /.....

Address: .....

..... **Post Code:** .....

Mobile: ..... **Home No**: .....

Work No: ..... **Email:** .....

NEXT OF KIN: *Best person for us to contact on your behalf in case of an emergency*

Name: ..... **Relationship**: ..... **Phone**:.....

EMERGENCY CONTACT: *Must be different to Next of Kin*

Name: ..... **Relationship**: ..... **Phone**:.....

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

.....

Do you have any **allergies** and / or are you **sensitive to any drugs** or **dressings**? ☐ Yes (please list) ☐ No

.....

SOCIAL & LIFESTYLE HISTORY:

Alcohol: ☐ Non-drinker ☐ Drinker

How often do you have a drink containing alcohol?

☐ Never ☐ Monthly or less ☐ 2-4 times per month ☐ 2-4 times per week ☐ 4+ times per week

How many standard drinks containing alcohol would you have on a typical day:

☐ 1-2 Drinks ☐ 3-4 Drinks ☐ 5-6 Drinks ☐ 7-9 Drinks ☐ 10+ Drinks

How often would you consume 6 or more drinks on one occasion?

☐ Never ☐ Less than monthly ☐ Monthly ☐ Weekly ☐ Daily or almost daily

Tobacco: ☐ I have never smoked ☐ Ceased Smoking YEAR ☐ Smoker ..... per day / week

How many days per week do you usually do 10 minutes of VIGOROUS physical activity? E.g.: Running, Swimming, Aerobics, tennis, bike riding

☐ 1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days ☐ 6 Days ☐ 7 Days ☐ Never

How many days per week do you usually do 20 minutes of VIGOROUS physical activity? E.g.: Running, Swimming, Aerobics, tennis, bike riding

☐ 1 Day ☐ 2 Days ☐ 3 Days ☐ 4 Days ☐ 5 Days ☐ 6 Days ☐ 7 Days ☐ Never

YOUR HEALTH HISTORY:

Height: ..... cms **Weight**: ..... kgs **Waist measurement**: ..... cms

If **50 years or older**, have you had a test as part of the National Bowel Cancer Screening Program?

☐ Yes ☐ No

Do you suffer from, or are you affected by, any of the following:

Diabetes: ☐ Yes ☐ No **Chronic Illness**: ☐ Yes ☐ No

Asthma: ☐ Yes ☐ No **Hypertension**: ☐ Yes ☐ No

Other: If yes, please provide details .....

PAST OPERATIONS:

Date: …… Details: ……

Date: …… Details: ……

Date: …… Details: ……

FEMALES: When did you have a:

Pap Smear:	Date: ……..	☐ Not Sure	☐ Never
Breast Check:	Date: ……..	☐ Not Sure	☐ Never
Mammogram:	Date: ……..	☐ Not Sure	☐ Never

FAMILY HISTORY: Please list any members of your family who have been diagnosed with, or suffered from:

Cancer (please state what type): ☐ Yes ……

Diabetes: ☐ Yes ……

Asthma: ☐ Yes ……

Heart Disease: ☐ Yes ……

Other: ☐ Yes ……

CHILDREN'S IMMUNISATIONS:

If completing this form for a child, are their immunisations up to date? ☐ Yes ☐ No

IMMUNISATIONS: *An up-to-date record of your current immunisation status is valuable medical information*

Tetanus	Gardasil (1, 2 & 3)	Polio	Pneumococcal
Flu	Hepatitis B (1, 2 & 3)	Hepatitis A (1 & 2)	Measles

Reminder Systems:

- The practice occasionally sends SMS appointment reminders to patients.
  If you do NOT wish to have reminders sent, please advise our reception/nursing staff.

- Our practice provides our patients with preventative care and early case detection reminders. e.g., immunisations and pap smears.
  If you do NOT wish to receive such reminders, please advise our reception/nursing staff.

Health Information Collection and Use Consent Form

Classic Way Family Practice
2/6 Classic Way, Burleigh Waters, Qld 4220

As a patient of our medical practice, we require you to provide us with your personal details and a full medical history, so that we may properly assess, diagnose, treat, and be proactive in your health care needs.

We aim to protect the privacy and secure storage of your health information. You can request a copy of our privacy policy, which includes information about the collection, use, and disclosure of your health information.

We require your consent to collect personal information about you and to use the information you provide in the following ways:

- Administrative purposes in running our medical practice.
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
- Disclosure to others involved in your healthcare including treating doctors and specialists outside this medical practice. This may occur though referral to other doctors, or for medical tests and in the reports or results returned to us following referrals.
- Disclosure to other doctors in the practice, locums etc. attached to the practice for the purpose of patient care and teaching.
- For research and quality assurance activities to improve individual and community health care and practice management. Usually, information that does not identify you is used but, should information that will identify you be required, you will be informed and given the opportunity to "opt out" of any involvement.
- To comply with any legislative or regulatory requirements e.g. Notifiable diseases.
- For reminder letters which may be sent to you regarding your health care and management.

Please read this consent form carefully, and sign where indicated below.

You can decline to have your health information used in all or some of the ways outlined above but it may influence our ability to manage your health care to provide the best outcome for you.

Patient's name: ..... **Date**: .....

Patient's signature: .....

Signed as Guardian for child: .....

Name: (printed) .....