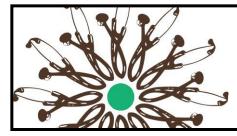
CHILDREN 0-15 YEARS



adelaide **healthcare**

We are committed to providing our patients with the best care. To do this it is essential that your health record is kept up to date and accurate.

Could you please assist us by completing the following, thank you

Title (please circle)	Miss	Mast		Other:
Pronouns (please circle)	She/Her	He/Him	They/Them	Other:
First Name			Preferred Name:	
Surname				
Date of Birth				
Street Address				
Suburb and Post Code				
Patients Mobile Phone No.				
Parents Mobile Phone No.			Home Phone No.	
Australian Medicare	Number:	Re	f: Expiry	/ Date:
Centrelink Concession Card	Number:		Expir	y Date:
OSHC Number(Allianz Students only)	Number: Expiry Date:			
Cultural background You must complete this section. Please identify your cultural ethnicity. Knowing your cultural background can help us provide healthcare that meets your individual needs.	Are you of Aboriginal or Torres Strait Islander origin? Yes, Aboriginal Yes, Torres Strait Islander No, other cultural background (eg Greek, Chinese, Indian) Please state: Country of birth: Is English your first language? Yes No If not, do you require an interpreter? Yes No			
	Name:		Relatio	nship:
Next of Kin	Mobile or Home No	:		
Emergency Contact Person (if different to Next of Kin)	Name: Mobile or Home No	:	Relatio	nship:
PL	EASE TURN O	VER AND CO	ONTINUE	

CONSENT					
Our Practice uses a reminder system to help maintain your health. The	I consent to being contacted with				
Practice sends reminders by telephone, SMS and post for procedures such	reminders to help me maintain my health				
as vaccinations, cervical screening and other health reviews.	Yes No				
Our practice also sends information to the Australian Immunisation	I consent to being contacted with				
Register and Cervical Screening Register. These Registers also send	reminders to help me maintain my health				
reminders, which can be helpful if you move address.	☐ Yes ☐ No				
PATIENT PRIVACY	PATIENT PRIVACY				
The personal health information that you provide during your consultation and subsequent treatment will be used for the					
purposes of providing you with high quality health care. Our policy is to protect your privacy and accordingly the					
information you provide will only be disclosed to other members of our multi-disciplinary team at Adelaide Health Care.					
This includes our doctors, practice nurses and clinical pharmacist. It will be disclosed to other organisations where					
required by law. Your contact details may be disclosed for billing or debt recovery purposes.					
Adelaide Health Care uses patient health information to assist in improving the					
	ne quality of care we give to all our patients.				
Adelaide Health Care uses patient health information to assist in improving the	ne quality of care we give to all our patients.				
Adelaide Health Care uses patient health information to assist in improving the Your information held by the practice may be used in research projects to implement the practice may be used in research projects to implement the practice may be used in the province of the	ne quality of care we give to all our patients. prove healthcare in the community;				
Adelaide Health Care uses patient health information to assist in improving the Your information held by the practice may be used in research projects to imphowever, this information will not include data that can identify you.	ne quality of care we give to all our patients. prove healthcare in the community; ption. If you have any concerns about the				

Office of the Australian Information Commissioner (OAIC) GPO Box 5218

SYDNEY NSW 2001

Website: www.oaic.gov.au Privacy Hotline: 1300 363 922

PAYMENT

You understand that payment of all accounts is your responsibility. You will be charged a fee if you do not attend your appointment without providing a minimum of two hours' notice. All accounts, other than accounts which are bulk billed to Medicare or which are billed to other Third Party payers, are payable in full at the time of treatment. For your convenience we can accept Cash, EFTPOS or Credit Card. You understand that in the event that accounts which are bulk billed to Medicare or which are billed to other Third Party payers are not honoured by such payers then payment of such accounts is your responsibility. You also undertake to pay any debt collection and legal costs that may be incurred by Adelaide Health Care as a result of late payment or non-payment of accounts.

FEEDBACK OR COMPLAINTS

Suggestions and feedback are very welcome at Adelaide Health Care. You can do this in one of the following ways:

- Email: officeadmin@adelaidehealthcare.com.au
- Write a letter: 43 Carrington Street Adelaide 5000
- Telephone on 8410 0774 and ask to speak to the Practice Manager
- Make an appointment with the Practice Manager to discuss in person.
- Health and Community Services Complaints Agency: PH: 1800 232 007. https://www.hcscc.sa.gov.au/

Thank you for providing this information, which will assist in your health care.

Please answer: We would like to know – how did you hear about our practice?				
Friend	Family/ Relative	Online Booking	Google	Adel Health Care Website
Lives Nearby	Works Nearby	Walk in	Facebook	White / Yellow Pages
Allied Health	Another Doctor	Chemist	Hotel	Hospital
Other (please specify):				

DATE: _____

SIGNATURE: _____

PATIENT HEALTH DETAILS All information will be kept confidential

Please complete and give to your Doctor at your appointment.

Your name please:						
first name	last name					
Parents Names:						
Current medications (including over the counter medications, vitamins and minerals):						
Childrens Immunisations						
Are immunisations up to date according to the Austral	ian Immunisation Schedule?					
Yes No Not sure] Parent/s vaccination refuser/s					
Family history - have any members of your family Diabetes Specify:						
Asthma Specify:						
Heart Disease/high blood pressure/stroke Specify:						
Mental illness Specify:						
Cancer Specify:						
Please complete this question only if your child is Brief information regarding your child's birth history:	under 3 years of age					
Was your baby born early or late?						
Place of birth?						
Paediatrician?						
Type of delivery?						
Other Information:						