

Register to become a patient of a practitioner consulting from MMC

Call to Make an Appointment BEFORE submitting this form

This form may downloaded, filled electronically and emailed to admin@mayfieldmedicalconnection.com.au

Please use the subject "New Patient" OR print and ensure we receive it at least 1 business day before your first appointment. Email is not considered a secure messaging platform. If this concerns you, please feel free to fax your form to 02 4968 1912. Please phone our team on 02 4968 2157 if you need assistance. Forms submitted without an existing form may not be held.

A Personal Details

Title: Mr	Ms	Mrs	Mast	Miss	Dr	Other	Preferred Pronouns:
Given Name				Middle Name		Family Name	
<input type="text"/>				<input type="text"/>		<input type="text"/>	
Preferred Name				Date of Birth		Gender	
<input type="text"/>				<input type="text"/>		<input type="checkbox"/> Birth Sex Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Medicare Number				Ref no.		Expiry date	
<input type="text"/>				<input type="text"/>		<input type="text"/>	
Address							
<input type="text"/>							
Home Phone				Mobile		For patients over 16 years of age, this is my mobile number:	
<input type="text"/>				<input type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Private Health Insurer/Fund (if Applicable)							
Name of Fund:				Insurance Number:			
<input type="text"/>				<input type="text"/>			
Email							
<input type="text"/>							
Allergies (include reaction + severity)							
<input type="text"/>							

B Ethnicity and Culture

Do you wish to identify yourself as: Aboriginal Torres Strait Islander Both Neither

If yes, are you registered for Closing the Gap (CTG)? YES NO

Country of birth	Ethnicity	Spoken Language
<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require an interpreter? (ph. 131 450) ☐ YES

C Concessions

Pension number	HCC Number	Expiry Date	DVA Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D Emergency Contact and Next of Kin (please provide two names)

Emergency Contact Name	Relationship	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Next of Kin Alternate Name	Relationship	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

E Head of Family – ONLY FILL FOR PATIENTS 16 AND UNDER

For billing and Medicare purposes patients 16 and under require a Head of Family to be registered with the practice. Please include your details below:

Title: Mr	Ms	Mrs	Mast	Miss	Dr	Other
Given Name			Family Name		Date of Birth	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
Address						
<input type="text"/>						
Medicare Number			Ref no.		Expiry date	
<input type="text"/>			<input type="text"/>		<input type="text"/>	

PLEASE CONTINUE

F Prompt Payment and Non-Attendance/Cancellation Fee Policy

As a Patient attending Mayfield Medical Connection (MMC), I acknowledge and accept the following policies: At least 2 hours' notice must be given for cancellations. Failure to do so will result in a fee of \$40 + GST.

Failure to attend appointments with Dr Jane Taylor without one business day's notice given by phone will result in a fee equaling the cost of the scheduled appointment. Patients with outstanding fees may not book an appointment. Late attendance is considered to be non-attendance. MMC does not carry accounts. Failure to pay on the day of service will result in the addition of a \$15 + GST administration fee. Patients with fees outstanding after 30 days will be referred to a debt agency and no longer seen at the practice. Costs incurred in debt collection will be added to outstanding fees. Initials: _____

G Health Information Collection and Use Consent – please read carefully before you sign**Why and how we collect and use your personal information**

As a patient of a practitioner consulting from MMC we require your personal details and a full medical history in order for your health expert to properly assess, diagnose, treat and be proactive in your health care. We aim to protect and securely store your health information. You may request a copy of our privacy policy, which includes information about how we collect and use your health information.

This practice will use and/or disclose your information for the following:

- 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, specialists, nurses and allied health professionals outside this medical practice. This may occur through referral to other medical providers or for medical tests, as well as in the reports or results returned to us following referrals.
- Disclosure to other medical professionals in the practice including locums 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 facility management. Usually information that does not identify you is used if we require non-deidentified data you will be informed and given the opportunity to opt out of any involvement.
- To your employer in the case of employment or pre-employment health checks and to their insurance providers in the case of workers' compensation claims.
- To comply with any legislative or regulatory requirements e.g. notifiable diseases.
- For follow-up recalls and/or reminder letters for treatment and preventative health. This may be done by mail, phone, email or SMS.

You may decline to have your health information used in all or some of the ways outlined above but it will affect our ability to manage the health care you receive to our highest capacity.

SIGNATURE

☐ I have read and I understand this form.

☐ By signing below, I consent to the collection and use of my information by the practice for the purposes set out above, subject to any limitations on access or disclosure of which I will notify this practice.

Name

Signature

Date

☐ I am signing on behalf of my child/dependent

Name of child/dependent

OR

☐ I am unsure and would like to discuss this further with someone from the practice before I sign.

How did you find us?

Family/Friends

Our Website

Internet

Flyer

Other

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Email is not considered a secure messaging platform. If this concerns you, please feel free to fax your form to 02 4968 1912. Please phone our team on 02 4968 2157 if you need assistance. The following page explains the issues with email and provides the option to consent to the convenience of ongoing email communication with us.



Information and Consent for Correspondence by Email

Mayfield Medical Connection and the practitioners who consult from our site take your privacy and confidentiality seriously and have obligations to take reasonable steps to protect your health information.

Despite our taking every care, email communication may put your privacy and confidentiality at risk. We therefore inform you that we cannot guarantee that emails with you are encrypted or that they won't be intercepted or forwarded inadvertently to the incorrect addressee.

Therefore, we are advising you that Mayfield Medical Connection cannot ensure the information in emails and/or attachments are kept private once they have been sent to you by email.

We will, at all times take every care to avoid breeches of your privacy.

Email correspondence remains very convenient. **If you accept the risks outlined above, please fill in this form and return it by email to admin@mayfieldmedicalconnection.com.au.**

By adding my name and identity details to this form I state that:

"I consent to email communication and accept the potential privacy risks as outlined to me by Mayfield Medical Connection."

Full Name:

Address:

D.O.B.:

Date:

When your email with your consent and identity details is received and read we will be able to correspond with you by email.

At times we may resend you this form prior to releasing your information by email as an extra precaution; by using the 'reply' option we can ensure the information is sent directly to you.

If you have any questions, please don't hesitate to call us.