

New Patient Registration Form



Welcome to DPV Health. Please fill in your personal information so that we can provide you the best care possible. Your information is safe and kept private. We are committed to making sure everyone feels safe, welcome and respected.

SECTION 1 – Contact Information

First Name(s):

Preferred Name:

Last Name:

Date of Birth:/...../..... (DD/MM/YYYY)

Gender:

Home Address (Number & Street):

.....

Suburb:Post Code:

Postal Address (if different from above):

.....

Suburb:Post Code:

Please provide ways you are comfortable for us to contact you.

📞 Home Phone:

Mobile:

Work Phone:

@ Email:

Do you speak another language other than English?

No Yes,

Language(s):



Do you need and interpreter? No Yes

Language:

EMERGENCY CONTACT

Who can we contact in an emergency? If possible, please choose someone in Melbourne, Australia.

Name:

Relationship to patient:

Phone: Mobile:

SECTION 2 - Card Information

Medicare Number:

Reference No (number next to your name):

Valid to:/...../.....

Name on Medicare Card:

Healthcare card Pensioner Concession Card

Workcover Department of Veterans Affairs (DVA)

Card Number:Expiry:/...../.....

SECTION 3 – Current Medications and Medical History

Please list all your current medications:

.....

.....

Do you have any allergies, intolerances or sensitivities?

No Yes, please list:

.....

.....

Do you or any of your immediate family suffer from the following:

- Diabetes Hypertension Heart Disease
- Depression Cancer Stroke
- Other:

Please list any operations:

.....

.....

SECTION 4 - Social History

How often do you smoke tobacco?

- Never Sometimes (*social*) Often
- Every day, how many?

How often do you drink alcohol?

- Never Sometimes (*social*) Often
- Every day, how many?

Are you homeless or sleeping rough? (*Couch surfing or living in a car or tent*)

- Yes No

SECTION 5 - How Did You Find Out About Us?

- Friend / Family Newspaper Radio
- Flyer in letterbox Driving past Social Media
- Google Other

Unable to attend an appointment?

We understand that sometimes you may not be able to attend your appointment. Please let us know as early as possible to avoid any non-attendance fees. Failure to attend an appointment will incur a \$20 fee. Please ring and cancel 2 hours prior to the appointment to avoid this fee.

SECTION 6 - Your Identity

Your identity and cultural background can help us provide healthcare that further meets your needs.

Are you of Aboriginal and or Torres Strait Islander origin?

- No Aboriginal Torres Strait Islander
- Both Aboriginal and Torres Strait Islander

Country of birth:

- Australia Overseas:

Do you have a refugee background or are applying to become a refugee?

- Refugee Seeking Asylum No

Optional

Sexual orientation:

- What are your pronouns? She/Her He/His
- Them/They Other.....

Do you have an intersex variation? No Yes

SECTION 7 - Consent

DPV Health policies and procedures maintain the security of your confidential medical record. This information is only available to authorised members of staff. You may request access to your health record via reception. By completing and signing this form, you consent to DPV Health communicating with you and those involved in your health care.

- I have read and understood DPV Health’s Consent form.

Signed:

Date:/...../.....

Print Name:

Consent Information

At DPV Health Medical Centre we strive to provide high quality care, appropriate to meet our patients' health care requirements.

DPV Health policies and procedures maintain the security of your confidential medical record. This information is only available to authorised members of staff. You may request access to your health record via reception. By completing and signing this form, you consent to DPV Health communicating with you and those involved in your health care.

Ensuring privacy and confidentiality of participants is important to us.

Any personal or sensitive information will be handled in accordance with the Privacy and Data Protection Act 2014 (Victoria), the Health Records Act 2001 or the Privacy Act 1988 (Commonwealth).

By completing and signing the new patient form, you have consent to DPV Health contacting you for the following reasons:

- Billing and administrative purposes in operating our medical practice.
- Disclosure to others involved in your healthcare.



Medical



- Sending SMS', emails or letters for research, quality assurance, feedback medical and/or health care related information, and DPV Health support services and opportunities which may apply to you. You will be informed and given the opportunity to "opt out" of any involvement.
- To comply with any legislative or regulatory requirements eg notifiable diseases.
- For reminder letters which may be sent to you regarding your health care and management.
- Referrals and results to be sent to a medical specialist or doctor by facsimile/email.

If you have any questions, please contact DPV Health on **1300 234 263** (press 1 for Medical)

We understand that sometimes you may not be able to attend your appointment. Please let us know as early as possible to avoid any non-attendance fees. Failure to attend an appointment will incur a \$20 fee. Please ring and cancel 2 hrs prior to the appointment to avoid this fee. Remember, your medical record is confidential. There are policies and procedures in place to maintain the security of your health information. This information is only available to authorised members of staff. You may request access to your health record via reception.

"DPV Health is an inclusive organisation that celebrates the diversity of all people within our communities. We are passionate about helping to support people to lead happy healthy lives. We are dedicated to working with the Aboriginal and Torres Strait Islander, Disability, LGBTIQ, and newly arrived communities"