

New Patient Form

This form can be printed or completed electronically. If you are completing the form electronically, it must be saved to your desktop before you begin. Please don't hesitate to ask if you have any questions. Call 03 9437 0552.

PATIENT DE	ETAILS	Today's date DD/MM/YYYY	
Full name			
Preferred Name			
Date of birth	DD/MM/YYYY Age	Gender	
School		Year level	
Teacher			
Home address	Street		
	Suburb	State Postcode	
Postal address if different from above	Street		
	Suburb	State Postcode	
Email			
Home phone Mobile number			
Medicare Number		Ref number Valid to MM/YYYY	
Indigenous Status	☐ Aboriginal ☐ Torres Strait Islander ☐ No	either	
PARENT/GUARDIAN 1 □ I am the Account Holder (the person to receive the Medicare rebate) PARENT/GUARDIAN 2 □ I am the Account Holder (the person to receive the Medicare rebate)			
Full name	Full name	Full name	
Relation to patient	Relation t	Relation to patient	
Date of birth DD/MM/YYYY Date of birth DD/MM/YYYY		rth DD/MM/YYYY	
Street		Street	
Address Suburb	Address	Suburb	
State	Postcode	State Postcode	
Email	Email		
Home phone	Home pho	one	
Mobile number		ımber	
Occupation Occupation			
Medicare Number	Medicare	Number	
Ref number Valid to MM/YYYY I		er Valid to MM/YYYY	

CARE AND LEGAL STATUS			
Are any third parties (eg DHHS) involved in the care or custodianship of the patient?			
Organisation			
Contact Person			
Contact Phone Number			
Are there any Court Orders relating to the care or custodianship of the patient?			
Please provide details			
BIRTH AND DEVELOPMENTAL HISTORY			
Please complete if known.			
Born at weeks	Vaginal Delivery ☐ Yes ☐ No Caesarean ☐ Yes ☐ No		
Birth weight	Apgar Scores &		
Sat up at months	Crawled at months		
Walked at months	Spoke first word at months		
Vision last checked	Hearing last checked		
Immunisations up to date			
Current medications			
CHILD'S MEDICAL HISTORY			
Please detail the patient's medical history (including during pregnancy).			

FAMILY MEDICAL HISTORY

Please detail relevant medical history in the family. For example: grandparents, parents, siblings, cousins, aunts/uncles with mental illness, heart disease, asthma, intellectual disabilities, etc.

CURRENT CONCERNS

Please outline your current concerns. More detailed notes can be attached, if needed.

PRIVACY AND INFORMATION

Eltham Paediatrics is committed to best practice in relation to the management of the information we collect. Our Privacy Policy has been developed in compliance with the Privacy Act 1988 (Cth).

To provide the best health care to your child, Eltham Paediatrics requires your consent for the collection, recording and appropriate or necessary communication of relevant personal health information. By proceeding with the establishment of a file for your child, you have indicated your consent for any private health care information provided, obtained or recorded during your health care relationship with Eltham Paediatrics to be kept and managed in accordance with our Privacy Policy.

☐ I have read the Eltham Paediatrics Privacy Policy.

A copy of our Privacy Policy is available on our website. If you have any questions or concerns, please do not hesitate to contact us on 03 9437 0552 or email hello@elthampaediatrics.com.au.

PARENT / GUARDIAN ACKNOWLEDGEMENT

I consent to the collection, recording and appropriate or necessary communication of relevant personal health information as outlined in Eltham Paediatrics' Privacy Policy.

I consent to being contacted via SMS.

I assign my right to benefits for bulk-billed phone calls or appointments to the health professional who rendered the service, where applicable.

I understand:

- my child must attend all appointments
- I am responsible for the payment of fees at the time of the appointment
- there will be an out-of-pocket expense for appointments
- it is my responsibility to make sure there is a valid GP referral for each visit
- the Medicare Rebate can only be claimed if the patient has a valid referral and attends the appointment.

I have had the opportunity to ask questions and clarify any concerns.

Patient Name Date

Parent/Guardian Name