

Welcome to
Glen Forrest Medical Centre

NEW PATIENT FORM – CHILDREN UNDER 16

To provide you with the best quality of care we require this information. Please use the reverse side of the page if more space required.

PATIENT DETAILS

Surname: _____ First Name: _____ Middle Name: _____
 Date of Birth: ____/____/____ Male / Female Country of Birth _____

To assist with health initiatives are you Aboriginal or Torres Strait Islander

Street Address: _____
 Postal Address: _____
 Phone: (h) _____ (wk) _____
 (mb) _____ Email Address: _____

NEXT OF KIN

Full Name: _____ Relationship to Patient: _____
 Phone: (h) _____ (w) _____ (mb) _____

EMERGENCY CONTACT

Full Name: _____ Relationship to Patient: _____
 Phone: (h) _____ (w) _____ (mb) _____

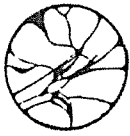
Current Health

List of Allergies:	
Reaction:	

Family Members	Name	Date of Birth	Family History (any relevant conditions)
Mother			
Father			
Sibling 1			
Sibling 2			
Sibling 3			
Sibling 4			

Past Health

List any operations:	
List any illnesses within the last year:	
List of all medications taken (taken – regularly and occasionally)	



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Immunisation

Please circle the immunisations that your child has had:

2 mth 4 mth 6 mth 12 mth 18 mth 4 year Year 8
Meningococcal (Menjugate)

CONSENT

1. I consent to receive the following electronic reminders/messages:

- Appointments Clinical Communication (Results & Clinical messages)
 Clinical Reminders Health Awareness (Leaflets & Database search)

My Preferred contact method for all communication is:

- Phone Letter SMS (Possible future) App Email)

2. I acknowledge that the practice will use contact details provided by me (as updated by me from time to time) to communicate with me. To the extent that the mobile number I have provided to this general practice is utilised by more than one patient, I understand and consent that all SMS and phone communications will be directed to that number.

3. I acknowledge that emails are not Glen Forrest Medical Centre's preferred method of communication.

4. I am in receipt of a Glen Forrest Medical Centre Practice Information Sheet.

5. I acknowledge that Glen Forrest Medical Centre charges a fee for Failure to Attend.

6. I acknowledge that Glen Forrest Medical Centre is a Private Billing Practice.

Signature of patient or guardian: _____ Date: _____

BILLING

Please note that we are a private billing practice and accounts are paid on the day. We can claim your Medicare rebate immediately back to you using Easyclaim. However, Glen Forrest Medical Centre will bulk bill children 12 years and under. Children over 12 years are billed a discounted rate. **Doctors can vary their fees according to an individual's circumstances. Please discuss this with the Doctor.**

Thank you. All information on this form will be treated with the strictest confidence.