

New Patient Form



Adelaide City
General Practice

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify)		
First Name:		Last Name:
Preferred Name:		Date of Birth:
		Male / Female / Other
Contact Details:		Medicare Gender: Male / Female
Street Address:		
Suburb:	State:	Postcode:
Postal Address (if different from above):		
Suburb:	State:	Postcode:
In providing us with the telephone numbers below you are agreeing to the practice staff leaving messages identifying the surgery as the caller.		
Home:	Work:	Mobile:
I consent to being contacted by SMS for reminders, recalls, results and other messages? Yes / No		

Other Information:	
Marital Status:	Occupation:
Country of Birth:	
Do you need an interpreter? Yes / No	Language:
To assist with health initiatives - are you an Aboriginal or Torres Strait Islander?	
<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander	
Please state other cultural background:	

Do you have any of the following cards?	
<input type="checkbox"/> Medicare <input type="checkbox"/> Health Care Card <input type="checkbox"/> Pension Card <input type="checkbox"/> Veterans Affairs <input type="checkbox"/> Allianz OSHC	
Please note that the above cards must be in date and valid to receive any applicable rebates or concessions.	

Next of Kin	Name:	
Relationship:	Phone:	Male / Female
Emergency Contact: (if not Next of Kin)	Name:	
Relationship:	Phone:	Male / Female

By ticking these boxes and signing this form I acknowledge that:

- Fees charged by Adelaide City General Practice (ACGP) relate only to services provided by ACGP General Practitioners and Nurses and that I am responsible for the payment of fees for other services (for example: pathology, radiology/imaging, specialists, allied health, pharmaceuticals, ambulance etc).
- I have been provided with a copy of the practice information brochure, including the privacy statement.
- I will be personally responsible for the payment of non-attendance fees should I fail to attend an appointment or to give four hours' notice when cancelling an appointment.
- I understand that whilst ACGP makes every effort to send SMS appointment reminders, non-receipt of an SMS reminder is not a valid reason for non-attendance at a scheduled appointment.

Signature:	Date:
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