ENTERED BY: _______________ DOCTOR: _______________

Westgate medical centre

Patient Information Form

We are committed to providing our patients with the best care. To do this, it is essential that your medical records contain complete and accurate information. Please assist us by completing the following form.

CONTACT INFORMATION		
First Name:	Surname:	
Mr ☐ Mrs ☐ Ms ☐ Master ☐ Miss ☐	Date of Birth:	
Street Address:		
Suburb:	Postcode:	
Home Phone:	Work Phone:	
Mobile:	Occupation:	
Email:		
Preferred method of contact: Home ☐ Work ☐ Mobile ☐ Mail ☐ Email ☐		
CULTURAL IDENTITY		
To assist with health initiatives, do you identify as Aboriginal or Torres Strait Islander? No ☐ Yes – Aboriginal ☐ Yes – Torres Strait Islander ☐ Yes – Both ☐		
As Australia is a genuinely multicultural society - and to tailor appropriate care, encourage understanding and appreciation between people from different nationalities and cultures - do you identify as someone from a culturally and/or linguistically diverse background? ☐ No ☐ Yes – please elaborate:		
Language/s spoken at Home:	Translator Required ☐ No ☐ Yes	
NEXT OF KIN		
Name:	Relationship to you:	
Home Phone:	Mobile:	
EMERGENCY CONTACT INFORMATION **AS ABOVE** ☐		
Name:	Relationship to you:	
Home Phone:	Mobile:	
HEALTHCARE IDENTIFIERS		
Medicare Number:	IRN:	Expiry:
DVA:	Gold ☐ White ☐	Expiry:
Pension/Healthcare Card:		Expiry:
Private Health Cover:		
WorkCover/TAC Claim Reference:	Employer/Company:	
Employer Address:	Contact:	
E-HEALTH RECORD		
The MyHealth Record is an online summary of your key health information. Whether you're visiting a GP for a check-up or in an emergency and are unable to talk, healthcare providers involved in your care can access important health information to help you get the right treatment. This can include: • allergies • medicines you are taking • medical conditions you have been diagnosed with • pathology test results		
Do you consent to Westgate Medical Centre linking your health information to a MyHealth Record?		Yes ☐ No ☐

Your Health Information

Westgate medical centre

DO YOU HAVE OR HAVE YOU HAD A HISTORY OF THE FOLLOWING?		
☐ Asthma	☐ Chronic Illness	Operations/Surgeries (please advise)
☐ Hypertension	Other (please advise)	
☐ Diabetes		

FAMILY HISTORY – HAVE ANY OF YOUR RELATIVES HAD THE FOLLOWING?			
☐ Diabetes	☐ Asthma	☐ Heart Disease	☐ Stroke
☐ Colon Cancer	☐ Prostate Cancer	☐ Breast Cancer	☐ Kidney Disease
☐ Epilepsy	☐ Mental Illness	☐ Other	

SOCIAL HISTORY – DO YOU HAVE OR HAVE YOU HAD A HISTORY OF THE FOLLOWING?			
Smoking	☐ No	☐ Ceased	☐ Yes – How many ____ day / ____ week
Alcohol	☐ No	☐ Ceased	☐ Yes – How many ____ day / ____ week
Recreational Drugs	☐ No	☐ Yes Type ___________	Frequency _______________

CURRENT MEDICATIONS

Please list all current medications – including over the counter medications, vitamin and mineral supplements etc

ALLERGY INFORMATION		
Do you have any allergies or are you sensitive to drugs or dressings?	Yes ☐	No ☐
If yes, please advise:		

IMMUNISATIONS – HAVE YOU HAD THE FOLLOWING?							
Tetanus Booster	Yes ☐	No ☐	Not Sure ☐	Influenza	Yes ☐	No ☐	Not Sure ☐
Hepatitis A	Yes ☐	No ☐	Not Sure ☐	Pneumococcal	Yes ☐	No ☐	Not Sure ☐
Hepatitis B	Yes ☐	No ☐	Not Sure ☐	Polio	Yes ☐	No ☐	Not Sure ☐
Pertussis (Whooping Cough)	Yes ☐	No ☐	Not Sure ☐	Measles Mumps Rubella (MMR)	Yes ☐	No ☐	Not Sure ☐

CHILDRENS IMMUNISATIONS		
If completing this form for a child, are their immunisations up to date?	Yes ☐	No ☐

PATIENTS OVER 65 – WHEN WAS THE LAST TIME YOU WERE IMMUNISED FOR:							
Influenza	Yes ☐	No ☐	Not Sure ☐	Pneumococcal	Yes ☐	No ☐	Not Sure ☐

FEMALES – WHEN DID YOU LAST HAVE							
Pap Smear	Date	Not Sure ☐	Never ☐	Breast Check	Date	Not Sure ☐	Never ☐

MALES – WHEN DID YOU LAST HAVE							
PSA Blood Test	Date	Not Sure ☐	Never ☐	Overall Check-up	Date	Not Sure ☐	Never ☐

OTHER INFORMATION

If you can think of any other medical or health related information that your doctor should know, please advise

I declare that the information I have provided above is to the best of my knowledge and for discussion with my doctor upon consultation.

Signed: _________________________ Date: __________________________ Patient ☐ Parent ☐ Guardian ☐ (Please tick)

Patient Consent Form/Privacy Policy

Westgate medical centre

Please read this consent form carefully prior to signing

Consent to Collect, Use and Disclose Personal Health Information

Patient privacy is important to Westgate Medical Centre. We respect your rights and ensure all personal and health information remains private and confidential. Your health information refers to data pertaining to your health, medical history, as well as both past and future medical care.

Westgate Medical Centre is bound by the Privacy Act 1988 (Commonwealth) and endeavour to uphold the Australian Privacy Principals in collecting, maintaining and storing personal medical information in a private and secure manner. As a patient of Westgate Medical Centre we ask that you provide us with your personal details and health information, so that we may properly assess, diagnose, treat and be proactive in your health care needs. The Westgate Medical Centre Privacy Policy is available on our website and in hard copy at Westgate Medical Centre clinics.

Patient Consent

We require your consent to collect, use and disclose your personal health information to provide you with safe, efficient health care. Your consent will be collected when you are registered as a patient of the practice, and this is carried out by signing our *Consent to Collect, Use and Disclose Personal Health Information* form and verbally before any medical procedure is conducted.

Collection of Personal Information

Wherever possible, Westgate Medical Centre will collect your personal information for:

- Communications regarding treatments, and notifications about recommended preventative health care services
- Accounting and billing purposes
- The diagnosis and treatment of health conditions, including disclosure to other doctors in the practice, specialists, locums and other health care providers to ensure quality patient care.
- Research Accreditation and Quality Assurance activities within the practice, using de-identified aggregate patient health information
- To allow medical students and staff to participate in medical training and teaching using de-identified information

Disclosure of Personal Health Information

Westgate Medical Centre will not disclose your personal health information to a third party unless:

- You have specifically consented to the disclosure
- In accordance with the *Privacy Act 1988 (Commonwealth)* the disclosure is to your responsible carer - if you are physically or legally incapable of giving consent to the disclosure, or for compassionate reasons, unless there is good evidence of your wish to the contrary.
- Where legally obliged to disclose the information (e.g. notification of certain infectious diseases, suspected child abuse)
- Disclosure is necessary to prevent a serious or imminent threat to an individual's life, health or safety or to prevent a criminal offence or seriously improper conduct
- It is required for judicial, administrative or coronial proceedings or is required under court order or subpoena
- It is the subject of a search warrant, or is required to help identify or locate a patient
- It is required to facilitate organ donation

Westgate Medical Centre may be required to disclose your personal health information to third parties overseas where you are in need of urgent medical assistance, or where medical evacuation is required. W Westgate Medical Centre will take all reasonable steps to ensure that information disclosed to an international third party is protected and treated as confidential.

Accessing Your Personal Health Information

You have the right to access your personal health information. It is at the discretion of a medical practitioner at Westgate Medical Centre as to whether they provide you with an up to date summary of your medical records, or a copy of your full medical record. Requests to access personal health information should be directed to either your treating doctor or the Westgate Medical Centre Privacy Officer. On receiving an application for a request to access your personal health information Westgate Medical Centre will respond to the request for access within a reasonable period after the request

is made and give access to the information in the manner requested by the individual, if it is reasonable and practicable to do so.

Full or partial access to your medical records may be refused in circumstances where:
- Disclosure of health information may result in physical or mental harm to you or any other person
- The information may impact on the privacy of other individuals
- Information relating to existing or anticipated legal proceedings
- If access would prejudice negotiations with the individual where denying access is required or authorised by law

If Westgate Medical Centre refuses to grant access to the personal health information requested, or give access in the form required, Westgate Medical Centre will provide written notice that set out:
- The reasons for the refusal (except where disclosure of the reasons would be inappropriate); and
- The mechanisms available e to complain about the refusal

As per the Privacy Amendment (Private Sector) Act 2000 (Commonwealth), Westgate Medical Centre may charge a reasonable administration fee before undertakings a request for access to personal health information.

Correction of Personal Health Information
You have the right to request an amendment to your personal health information, should you believe it to contain inaccurate information. Requests to amend your personal health information should be directed to your treating doctor or Westgate Medical Centre Privacy Officer, Westgate Medical Centre will respond to all requests within a reasonable period after the request is made. There will be no charge for requesting correction of personal information.

Where inaccurate information has been amended, you may request that Westgate Medical Centre notify third parties in which it has previously disclosed information. Westgate Medical Centre will take all reasonable steps to notify third parties of the correction.

If Westgate Medical Centre refuses to correct the information requested, Westgate Medical Centre will provide written notice that sets out:
- The reasons for the refusal accept to the extent that it would be unreasonable to do so; and
- The mechanisms available to complain about the refusal.

You have the right to decline to your personal health information used in some of the ways outlined above, but this may limit our ability to manage your healthcare and to provide you with the best outcome. For more information about providing Westgate Medical Centre with your consent to collect, use or disclose personal health information, refer to our Privacy Policy or speak with our Privacy Officer.

By signing below, I the patient (or partner/legal guardian of the patient) acknowledge that:
- ✓ I have read the information above and understand the reasons for why my information must be collected understand that I am not obliged to provide any information requested of me, but failure to do so may significantly compromise the quality of health care and treatment given to me
- ✓ I am aware of my rights to access the information collected about me, except in the circumstances where access may be legitimately withheld. I will be given an explanation in these circumstances.
- ✓ I am aware of my right to request an amendment to information I believe is incorrect.
- ✓ I understand that if my information is to be used for any other purpose other than that set out above, my further consent will be obtained.
- ✓ I consent to Westgate Medical Centre handling my information for the purpose set out above. I further acknowledge that this is subject to any limitations on access or disclosure of which I notify Westgate Medical Centre.

Patient Name:_______________________________________ Patient Signature:____________________________________

Name of Parent/Legal Guardian:______________________ Date:____