

LEEMING DOCTORS ON CALLEY & SOUTH

PATIENT INFORMATION FORM

We are committed to providing our patients with the best care, to do this it is essential that your medical records are up to date and accurate. Could you please assist us by completing the following information?
PLEASE WRITE CLEARLY IN CAPITAL LETTERS.

Title: _____ Surname: _____ First name: _____

Preferred Name: _____ Date of Birth: _____ Age: _____ Male / Female

Address: _____

_____ P/Code: _____ Home Phone No: _____

Work No: _____ Mobile No: _____ Email: _____

Medicare No: _____ Ref.No. (Next to your name) _____ Expiry Date: _____

Dept. Veteran Affairs No: (If applicable) _____ Expiry Date: _____

Health Care Card: (If applicable) _____ Expiry Date: _____

Pension Card: (If applicable) _____ Expiry Date: _____

Next of Kin:

Name: _____ Relationship _____ Contact No: _____

Emergency Contact : (your preferred contact in case of emergency)

Name: _____ Relationship _____ Contact No: _____

Are you of or from Aboriginal or Torres Strait Islander Origin? Yes No

To enable us to better manage your health care, please state your family's cultural/geographic origin:

Preferred method of contact for recalls: SMS Letter

PLEASE NOTE THAT THIS IS A PRIVATE BILLING PRACTICE

Our billing policy is at the discretion of each doctor. Children 12 and under will be bulk billed, but please be aware that pensioners and health care card holders will not necessarily be bulk billed.

Name of Person Responsible for Account (If different from above) _____

Address: _____

If Workers Compensation or Motor Vehicle Accident Claim please could see reception for separate form to complete.

PRIVACY STATEMENT

Your Personal Health Information and your Medical Records may be collected, used and disclosed, including but not limited to, the following reasons:

- For communicating relevant information with other treating doctors, specialists or allied health professionals
- For follow up reminder/recall notices
- For disease notification as required by law (e.g. infectious diseases)
- For use by all doctors in this group practice, when consulting with you
- For research purposes (de-identified, meaning you are not able to be identified from the information given)
- For obtaining previous pathology and radiology results.

If you have any concerns or wish to restrict access to your personal health information, please discuss these with your doctor.

Patient Name (PRINT) _____ Signature _____ Date _____

PLEASE TURN OVER TO COMPLETE YOUR MEDICAL HISTORY

"the family friendly practice"

LEEMINGdoctors

ON CALLEY AND SOUTH

Suites 1 & 2, 71-73 Calley Drive, Leeming, WA 6149

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IMPORTANT INFORMATION FOR NEW PATIENTS

Our philosophy is to provide exceptional health services in a timely manner and within a friendly caring environment.

Below is a list to help you understand our Practice Policies:

- **Fees and Billing arrangements:** We are a private billing practice and fees are payable at the time of consultation. We accept cash, cheque, EFTPOS, MasterCard and Visa.
- GPs at the practice bulk bill children **12 and under** and Veterans Affairs patients. All other fees including those for pensioners and Health Care card holders are charged at the discretion of the doctors.
- **Cancellation Policy:** Whilst we understand there are sometimes extenuating circumstances, where possible please ensure you give us at least **2 hours** notice if you need to cancel your appointment (in business hours please call 9310 0900 or our online booking system HotDoc and out of business hours please email reception@leemingdocs.com.au). This enables other patients to attend for an appointment. Failure to attend your appointment or to give adequate notification of cancellation may incur a fee of \$50. This fee is charged at the discretion of the doctor.
- **Prescriptions:** You can request a script over the phone or via the HotDocs App – Quick Consults, if you have seen your GP in the last 3 months. However, only 1 months supply will be given. This is in line with Best Practice Medicine and is recommended to reduce litigation risk by Medical Defence. This will be written at the discretion of your doctor. A fee of \$30.00 may be charged.
- **Results and Recalls:** Generally if you need a follow up appointment for results you will receive an SMS or a recall letter if it is a non urgent result. Our nurses will contact you if it is an urgent recall.
- **Referrals:** Please note that it is illegal for doctors to back date a referral. You need to ensure your referral is up to date before you see your specialist or you will not be eligible for a rebate from Medicare.

For further information please see our brochure or ask one of our friendly staff.

Once you have read the above information please sign below to indicate you have read and understood our policies.

Print: _____ Sign: _____ Date: _____