



## NEW PATIENT REGISTRATION FORM

Mr  Mrs  Miss  Ms  Other: \_\_\_\_\_ Given Names: \_\_\_\_\_

Surname: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Sex at Birth:  Male  Female  Other  Prefer not to say

Gender:  Male  Female  Non-binary  Other: \_\_\_\_\_  Prefer not to say

Country of Birth: \_\_\_\_\_ Preferred Language (if other than English) \_\_\_\_\_

Do you identify as Aboriginal or Torres Strait Islander?  No  Yes – Aboriginal

Yes – Torres Strait Islander  Yes – Both Aboriginal and Torres Strait Islander

Residential Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Medicare Card: \_\_\_\_\_ Reference \_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Concession Card: \_\_\_\_\_ Type:  Pension  HCC Expiry: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

DVA Number: \_\_\_\_\_ Type:  DVA White Card  DVA Gold Card

Next of Kin: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_

**I consent to receive appointment reminders and practice communications:**  Yes  No

South Kempsey Medical Centre may contact you regarding appointments, recalls, reminders and other matters related to your healthcare via Phone, SMS, Email or Letter.

All personal and health information collected by South Kempsey Medical Centre is treated as strictly confidential and managed in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect, use and store your personal and health information to provide medical care, manage appointments, recalls and reminders, arrange referrals, process billing and administrative functions.

Your information may be shared with treating health professionals within the practice, pathology, imaging and specialist providers involved in your care, Medicare and relevant government bodies, accredited service providers who support our practice systems. Your information will not be disclosed to third parties without your consent unless authorised or required by law.

Our full Privacy Policy is available at [www.skmc.com.au](http://www.skmc.com.au) or at reception upon request.



We maintain a results management system using HotDoc to ensure clinically significant results are reviewed and appropriately followed up. Please note:

- We will contact you to book appointment to discuss test results.
- Results will not be provided via the administration team.
- Telehealth consultations are available only where clinically appropriate.

Doctors at South Kempsey Medical Centre privately bill, unless otherwise stated. A current schedule of fees is available on our website and at reception. You acknowledge that:

- Fees are payable at the time of consultation.
- Non-attendance or inability to cancel in a reasonable time may incur a fee.
- Fees are subject to periodic review and may change.

To ensure equitable access to care for all patients:

- Please provide adequate notice if cancelling or rescheduling an appointment.
- Failure to attend without notice may result in a cancellation fee.
- Repeated non-attendance may impact future bookings.

Prescribing decisions are made in accordance with clinical guidelines and NSW legislation.

- Drugs of dependence (e.g. opioids, benzodiazepines) will not be prescribed at an initial consultation.
- Ongoing prescribing is at the doctor's discretion and subject to monitoring and regulatory requirements.

You have the right to:

- Respectful, culturally appropriate and confidential care
- Ask questions and participate in decisions about your treatment
- Provide feedback or make a complaint

You are expected to:

- Treat staff and other patients with respect
- Provide accurate and complete health information
- Follow agreed treatment plans

*We are a Zero Tolerance Medical Centre.*

**Abusive, aggressive or threatening behaviour is not tolerated and may result in termination of care.**

I confirm that I have read, understood and agree to the terms outlined above.

Patient Name: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Parent/Guardian/Carer (if under 16 or unable to sign): \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_