

New Patient Registration



Darwin Children's Clinic

We need this information to provide the best quality care. This form complies with the RACGP *standards for general practices*. This means your personal health information is kept private and secure, as required by federal and state privacy laws. If you have any concerns, please leave blank and discuss with your Doctor. Please notify us promptly of any changes in your contact details. Accurate contact details helps us identify you and your medical records, and allows us to contact you promptly about tests and results.

Section A : Child's Details

Title _____ Surname _____ Given Names _____

Date of Birth _____ Gender _____

Medicare Number _____ Reference _____ Exp _____

Pension, Health Care Card, or Veterans Affairs Number *(if applicable)*

Home Address _____

Postal Address _____

Telephone Numbers

Home _____ Work _____ Mobile _____

Email _____

Account Holder - Parent/Carer

Name _____

Medicare Number _____ Reference _____ Exp _____

DOB _____

Family Unit

Please circle

Whole

Separated

Court Orders in place

New Patient Registration

Section B: Cultural Background

Knowing your cultural background can help us provide healthcare that meets your individual needs.

Are you of Aboriginal or Torres Strait Islander Origin? *Please circle*

No Yes, Aboriginal Yes, Torres Strait Islander

Yes, Both Aboriginal & Torres Strait Islander

Other Cultural Background (eg Mediterranean, Asian, African)

Is English your first language?

If not do you require and interpreter?

Yes / No

Yes / No

Please specify Language _____

Section C: Allergies and Medicines

List allergies and intolerances to medications

Describe your reactions

List regular medications and doses, and complementary medicines and doses

Section D : Consent

Our practice uses a reminder system to help you maintain your health. The practice sends reminders by post, email, telephone or SMS for procedures such as 6 week checks, 6 month reviews, results and other health reviews.

I consent to being contacted with reminders to help me maintain my health.

Yes / No **Signature of Patient or Guardian** _____

Date: _____

Section E: Transfer of health information

You may have consistently consulted with a GP/Doctor at another practice. The information held by that Doctor may assist us with your future healthcare needs. You may wish to have a copy or a summary of your health records transferred to this practice. Please ask the receptionist for information about how this can take place.

Please advise us if your contact information or Medicare details change.

New Patient Registration

Parental separation is common, conflict and communication breakdown can impact not only the child(ren) but also the involved health practitioners.

Children with separated parents policy

- When one parent makes an appointment, we do not provide information regarding the timing of the appointment to the other parent. This information should be communicated directly between parents. We will not offer the other parent an automatic right to attend, an invitation to attend this appointment should come from the parent that made the appointment.
- Written correspondence will be provided to the attending parent and referring doctor. If this is to be provided to both parents, this sharing should occur directly between parents. Only one email address may be captured on the patient file. The email address provided will give that parent access to our patient portal.
- Cooperation between parents is necessary for therapeutic interventions to be effective. Where conflict arises between parents regarding therapeutic decisions, our role is to provide an opinion, rather than require or pursue a decision.
- Where specific interventions are under consideration such as the prescription of non-essential medication, our default is not to proceed unless both parents are in agreement.

Exceptions to this policy could include:

- A written letter/permission from both parents has been received.
- We receive a court order.