

Please Note: UQ Health Care's company policy is that on your initial visit, or at any time at the GP's discretion the GP will not be able to write a prescription for any medication that the GP deems to be "Drugs of Dependence".

| | | | |
|---|--|---|---|
| Title | <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Master <input type="checkbox"/> Other _____ | | |
| Surname | | | Date of birth: ____ / ____ / ____ |
| First name/s | Known as: | | |
| Birth sex | <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex | Gender identity | <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-binary <input type="checkbox"/> Other _____ |
| Ethnicity | Example: Australian, Aboriginal, New Zealander, Chinese, English, Japanese | | |
| Street address | | | |
| Suburb | | Postcode: | |
| Postal address | <input type="checkbox"/> Same as above | | |
| Home phone | Work phone: | | |
| Mobile phone | Email: | | |
| How did you hear about us? | <input type="checkbox"/> Social media <input type="checkbox"/> Google search <input type="checkbox"/> Word of mouth <input type="checkbox"/> Digital ad <input type="checkbox"/> Outdoor signage <input type="checkbox"/> Newspaper/magazine <input type="checkbox"/> Billboard | | |
| Preferred contact method <small>(Please select one only)</small> | <input type="checkbox"/> Home phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> SMS | | |
| Occupation | | | |
| Medicare Card | _____ | Ref no. : | Expiry date: ____ / ____ |
| Pensioner Card | _____ | Expiry date: ____ / ____ / ____ | |
| Health Care Card | _____ | Expiry date: ____ / ____ / ____ | |
| DVA Card <input type="checkbox"/> Gold <input type="checkbox"/> White | _____ | Expiry date: ____ / ____ / ____ | |
| Private Health Fund | _____ | Expiry date: ____ / ____ / ____ Fund name: | |

Please turn over

| | | |
|---|--|-------------------------------------|
| OSHC/World Care Educover | <p>_____</p> <input type="checkbox"/> OSHC Worldcare <input type="checkbox"/> Worldcare Educover <input type="checkbox"/> Single <input type="checkbox"/> Family | Expiry date: ___ / ___ / ___ |
| Parents details <small>(Only if patient is under 16yrs)</small> | Name: _____ Street Address: _____ Suburb: _____ Postcode: _____ Date of birth: ___ / ___ / ___ Medicare card number: _____ Ref number: _____ Expiry date: ___ / ___ | |
| Next of kin | First Name: _____ Surname: _____ Phone: _____ Relationship to you: _____ | |
| Emergency contact <small>(person not in the same household)</small> | First Name: _____ Surname: _____ Phone: _____ Relationship to you: _____ | |

Australia is a genuinely multicultural society. To tailor appropriate care, encourage understanding and appreciation between people from different nationalities and backgrounds - **Do you identify as someone from a culturally and/or linguistic diverse background?**

- No
- Yes - Please explain:

What is your preferred language? (if not English):

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

Are you of Aboriginal or Torres Strait Islander origin?

- No Yes - Aboriginal Yes - Torres Strait Islander Yes - Aboriginal and Torres Strait Islander

Please turn over

Privacy of Patient Information

Our Practice collects personal information and sensitive health information about you and safeguards its confidentiality and privacy in accordance with National Privacy Principles. UQ Health Care's Privacy Policy is available on request, and on display in our waiting room areas.

I acknowledge that my personal information may (where required) be disclosed to other health providers and practitioners so that my health care is not compromised. This information may also be disclosed to other statutory authorities, including insurers and in circumstances where required by law.

Name (please print):

Signature: _____ Date: ____ / ____ / ____

Your Health Data

I give permission to UQ Health Care to store, analyse and publish information collected during my treatment for the purpose of increasing medical and scientific understanding and for educational purposes. I understand that in the event my information is used for the above-mentioned purposes, my identity remains confidential and the information used does not convey my identity under any circumstances.

I consent / **I do not consent (please tick appropriate response) to my health information being used for purposes in the above-mentioned paragraph.**

Name (please print):

Signature: _____ Date: ____ / ____ / ____

Consent

Our practice uses a reminder system to help you maintain your health. The practice sends reminders by **post, email, phone** or **SMS** for procedures such as vaccinations, cervical screening, skin checks and other health reviews.

I consent to being contacted with reminders and health promotions to help me maintain my health:

Yes No

Our practice also sends information to the Australian Childhood Immunisation Register and National Cervical Cancer Screening Register. These registers also send reminders, which can be helpful if you move.

Signature of patient/guardian: _____ Date: ____ / ____ / ____