



Robina Town Medical Centre | Easy T Medical Centre

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Easy T Medical Centre

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Robina Town Medical Centre

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 Robina Town Centre, Qld 4226
 07 5578 9000 07 5562 2176

Welcome! "We provide patient care"

Please note: New patients are required to show ID at first visit (to prevent identify theft)

Title	Mr Mrs Miss Ms Dr Other:		
Your Name	First name:		Surname:
	Preferred name?		
Date of birth	Please note! If you are 17 or older Medicare require you to have a registered bank account so rebates are not paid to a parent. Ring 132011. You can use parent bank account but you need an individual registration still.		
Sex \ Assigned Gender:	Birth sex: M F	Preferred gender: M F Other eg Non Binary: Preferred Language : Religion:	What are your pronouns (optional) She He They Other: Interpreter required : Y/N
ETHNICITY	<input type="checkbox"/> Australian; non indigenous <input type="checkbox"/> OTHER (please note country of birth): <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander but not Aboriginal <input type="checkbox"/> Both Aboriginal and Torres Straight Islander <input type="checkbox"/> Are you registered for 'Close the Gap PBS co-payment' <input type="checkbox"/> No, but I would like to		
Residential Address:			
Postal Address?			
Phone	Home:	Work:	Mobile
Email			
Occupation			
Bill payer (If patient not paying) Hand M\Care card to Reception	Name : Relationship to Patient ?	Address :	
Religious or cultural beliefs	Please inform your GP of any particular beliefs you may have, whether they be religious or culturally based so we can provide appropriate treatment for you.		
Medicare or DVA or Concession Cards:	Please hand any cards to Reception		

IMPORTANT	Next of kin:	Name:	Relationship?: _____
		Phone:	
		<input type="checkbox"/> Address (same as patient) other:	
		<input type="checkbox"/> Same as next of Kin. If not please complete below:	
	Emergency contact:		

	Name: _____	Relationship?: _____
	Phone: _____	

Please give completed form to Reception asap. We will add your details and inform your GP you are here
.....continued over page.....

ATTENDANCE: Please cancel if you cannot attend as three failure to attend's will lead to practice termination
BOOKING ONLINE: Via our website or use the "AMS Connect" app
YOUR REBATE: Overnight rebate. Child in a shared care? Tell reception before paying so we can change payee on the day
PAYMENT: Any payment is required on the day. Termination will follow refusal to pay with no valid reason.

CONSENT, REMINDER SYSTEMS, CONTACTING YOU and YOUR PRIVACY

It is important we are able to contact you by phone, email or mail to:

- Confirm or move an appointment
- Let you know the doctor wants to see you or to pass information (eg results)
- Let you know you are eligible for a certain type of visit
- Pass on health reminders etc smear, Careplan, injection, a test of some kind, a replacement referral etc

Our recalls \ reminders are sent as a text through Automed. We send two texts then a letter. This sequence is stopped once your result or recall is marked as complete or you ring and we let the doctor know you won't be attending (or attended to this already) If our recall fails to reach you we are alerted and we will try via other avenues.

Health information for research and practice development?

Our practice provides health information to government registers ie cervical screening and the immunisation register. If you do not wish this to happen please inform your GP or the nurse. This may affect Centrelink payments. To ensure self improvement our practice must assess and prove we are improving in clinical measures. We have software in place which gathers results in a de-identified manner, ie no patient names. If you do not wish to be part of our practice development please tell your Doctor or Reception who can pass this to a manager.

Note! Patient privacy is very important and we have strict rules to follow.

- a) If any family members leave the family group please let us know so we can 'unlink' you and make notes in your file.
- b) We do leave full messages on mobile phones as these are presumed to be accessed only by the person we have rung.
- c) Requests for emailed information is at times possible. All information is password protected. By providing your email address you acknowledge and agree to send and receive documents and correspondence relating to your care . Note that some of these documents may be sent by 3rd party and may not be encrypted. We cannot guarantee the security of email communications . By proceeding you confirm you understand and accept this method of communication
- d) We cannot discuss family members existing appointments or clinical information without direct consent (from age 14)
- e) We cannot provide information to you regarding family members not in attendance or who have not given permission'

Signature of patient _____ Date _____

CONSENT: Your consent is assumed insofar as allowing practice staff to carry out processes in relation to your healthcare. At times we need to use an electronic Medicare services to check eligibility for services or to obtain valid Medicare details. If you do not wish for this to happen without individually gained consent, can you please let Reception or your doctor know? If we cannot check eligibility you may be required to pay up front for services in case Medicare deem you as not being eligible.

“My Health Record” Patient controlled electronic health record. A Health Summary is an online summary of key healthcare information. You, and healthcare providers can view this securely online. Unless you opt out you will have been allocated a shared Healthcare record. RESULTS ARE AUTOMATICALLY UPLOADED by a growing number of pathology\radiology companies. Please tell your doctor at the time they are writing a request **if you do not want** your results uploaded. If you or a family member have an Advanced Health Directive this needs to be uploaded by you to your Shared Record (we can't do this for you). **How is a shared summary useful?** If you travel or are unable to talk, other healthcare providers can access your allergies, medication, medical conditions and results.

- Would you like your previous records sent here from another practice? **Please ask Reception or your doctor**
- Please tick the box if you want to opt out of receiving health information via text or email**
- Do you attend more than one GP surgery for your healthcare needs? Please tell your doctor TODAY about this**

Surgery Name:

Phone if known:

Information on our practice and your rights can be viewed on our practice information sheet or website
you're finished! Thank you very much, it really helps us ensure your records are up to date.