

# Welcome

## New Patient Form **ESOMS**

We are pleased to welcome you to Eastern Suburbs Oral and Maxillofacial Surgery. Please take a few minutes to fill out this form as completely as possible. If you have any questions we'll be glad to help you.

Patient Details	Title	First Name	Middle Name
	Surname		Preferred Name
	Gender	Date of Birth	
	Address		
	Suburb		Post Code
	State		
	Other Family Member who has been here before		

Contact Information	Preferred Method of Contact	
	Home Phone	Work Phone
	Mobile Phone	
	Next of Kin Name	
	Address	
	Contact Phone	

Membership	Health Fund	Membership No
	Medicare No	Medicare Expiry
	DVA No	DVA Expiry

Other Details	Medical GP Name	
	GP Phone	
	Emergency Contact Name	
	Emergency Contact Number	Relation to Patient
	Referrer Name	
	Referrer Phone	

Medical History	Current Medical Conditions
	Current Medications
Allergies	
Previous Hospital Admissions	
Smoker, if yes how many cigarettes per day	
Daily alcohol intake	

Consent	I agree that the above is true and accurate. I have read and agree with the privacy statement on the back of this document. I understand that this New Patient Form will be electronically copied to my clinical record file.
	Signature
	Date

## PRIVACY STATEMENT

At Eastern Suburbs Oral and Maxillofacial Surgery we respect your right to privacy and consider all the details you have provided on this form to be personal information for the purposes of the Privacy Act 1988. Please read this page carefully, and sign where indicated on the front of this document.

At Eastern Suburbs Oral and Maxillofacial Surgery we collect information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose and treat illnesses and be pro-active in your health care. We will also use the information you provide in the following ways:

- Administrative purposes in running our practice.
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
- Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals. If necessary, we will discuss this with you.
- Disclosure to other doctors in the practice, locums and by Registrars attached to the practice for the purpose of patient care and teaching. Please let us know if you do not want your records accessed for these purposes, and we will note your record accordingly.
- Disclosure for research and quality assurance activities to improve individual and community health care and practice management. You will be informed when such activities are being conducted and given the opportunity to “opt out” of any involvement.

By providing your personal information to us in this form or by other means you acknowledge and agree that:

You have read the information above and understand the reasons why your information must be collected. You are also aware that this practice has a privacy policy on handling patient information.

You understand that you are not obliged to provide any information requested of you, but that your failure to do so might compromise the quality of the health care and treatment given to you.

You are aware of your right to access the information collected about you, except in some circumstances where access might legitimately be withheld. You understand that you will be given an explanation in these circumstances. You understand that if you request access to information about you, the practice will be entitled to charge you fees to cover

- time spent by administrative staff to provide access at the employee’s hourly rate of pay plus 20%,
- time necessarily spent by a medical practitioner to provide access at the practitioner’s ordinary sessional rate and
- for photocopying and other disbursements at cost.

You understand that if your information is to be used for any other purpose other than set out above, your further consent will be obtained.

You consent to the handling of your information by this practice for the purposes set out above, subject to any limitations on access or disclosure of which you notify this practice.