

Brookton Medical Practice

Patient Information and Consent Form

Please circle Mr Mrs Ms Miss Master Dr.	First Names:	Surname:	
Preferred Name:		Date of Birth:	Sex: Female Male
Postal Address:		Residential Address:	
Town:		Town:	
Postcode:		Postcode:	
(please circle the appropriate choice) Home phone: Work phone: Mobile phone: Which number do you prefer we contact you on: home work mobile			
The following information will assist in the planning and provision of appropriate and improved health care and services. Are you of Aboriginal or Torres Strait Islander origin? YES NO YES, Aboriginal YES, Torres Strait Islander YES, ATSI Are you currently registered for the Closing the Gap Co-Payment YES NO (For more information about the CTG co- payment please ask your GP if you are eligible)			
Country of Birth:			
Interpreter Required: NO YES			
If yes which language is required:			
Medicare Number:		Ref (line number)	
Expiry date:			
Are you entitled to any Concessions: YES NO (please circle the appropriate choice) Pension Card / Health Care Card / Veteran Affairs Other:			
Concession card number:		Expiry Date:	
Details of Emergency contact person			
First Name:		Surname:	
Address:			
Phone number:		Relationship to patient:	
<u>ALLERGIES/WARNINGS</u> (please detail allergies, reactions and any further warnings)			
Nil known allergies (Please give details)		YES Allergies _____	
Do you have a history of the following? (please circle the appropriate choice) Asthma yes no Diabetes yes no Hypertension yes no Chronic illness yes no Other:			

Immunisation History:(please circle the appropriate choice)not sure

up to date

Have you had the following immunisations:

Tetanusyes no hep A yes nohep B yesnoInfluenza yes no Pneumococcalyesno

SOCIAL HISTORY(please circle the appropriate choice)

Married

Single:

Occupation:

(please circle the appropriate choice)

Alcohol consumption history

Nil

Occasional

Moderate

Heavy

Smoking history(please circle the appropriate choice)

Smoker

Ex-smoker

Never Smoked

Privacy Notice for patients

To enable ongoing care and total quality improvement within this practice and in keeping with the privacy act and national privacy principles we wish to provide you with sufficient information on how your personal health information may be used or disclosed and record your consent or restrictions to this consent.

Your personal health information will only be used for the purposes for which it was collected or as otherwise permitted by law and we respect your right to determine how your personal health information is used or disclosed. The information we collect may be collected by a number of different methods and examples may include: medical test results, notes from consultations, Medicare and health insurance details, data collected from observations and conversations with you, and details obtained from other health care providers (eg. Specialist correspondence).

By signing below you as a patient/guardian are consenting that on obtaining your personal health information it may be used or disclosed by the practice for the following purposes:

- Follow up reminder/recall notices for treatment and preventive healthcare by mail and or telephone or SMS when technology is available to this practice.
- For accounting, Medicare and Health insurance procedures and the collection of professional fees.
- The diagnosis and treatment of any health condition including the communication of relevant information only to practice staff, specialists and other healthcare providers to ensure quality care is provided.
- Accreditation and quality assurance activities are conducted by professionally trained non-treating GP's and other professionally trained and qualified persons eg general practice managers.
- For the purposes of research only where de identified information is used.
- To allow medical students and staff to participate in medical training teaching using only de identified information.
- For disease notification as required by law.
- For use when seeking treatment by other doctors, nurses and allied health professionals in this practice.
- For legal related disclosure as required by a court of law(eg: subpoena, court order, suspected child abuse)
- For research purposes (de-identified, meaning you are not able to be identified from the information given)

At all times we are required to ensure your details are treated with the utmost confidentiality your records are very important and we will take all steps necessary to ensure they remain confidential.

I, _____ give my permission for my personal health information to be collected used and disclosed as described above. I understand only my relevant personal health information will be provided to allow the above actions to be undertaken and I am free to withdraw, alter or restrict my consent at any time by notifying this practice in writing.

Patient Name: (Please print) _____

Signature: _____ Date: _____

If not patient signing - your name (Please print) _____

Your relationship to patient eg Mother, Father, Guardian. _____

PRACTICE USE ONLY: Witnessed by (staff signature) _____



10 Tips for safer healthcare

1. **Be actively involved in your own health care**-Taking part in decisions that are made about your treatment is the single most important way to help prevent things from going wrong and to get the best possible care for your needs.
2. **Speak up if you have any questions or concerns** –Choose a health care professional with whom you feel comfortable talking about your health and treatment. Remember that you have a right to ask questions and to expect answers that you can understand. Your healthcare professional wants to answer your questions but can only answer them if you ask. A family member, carer or interpreter can be there with you, if this helps. You can also ask for another professional opinion.
3. **Learn more about your condition or treatments** – Collect as much reliable information as you can regarding your condition, tests and treatments.
Ask your health professional:
 - How sure are you that I have this condition?
 - Do you have any information I can take away with me?
 - Can you tell me where I can find out more?
 - Why do I need this particular test?
 - What are the different treatments for my condition?
 - How will this treatment help me?
 - What are the risks of this treatment and what does it involve?
 - What may happen if I refuse this treatment?
 - What should I look out for?
 - What can I do to help myself?
 - When should I come back to see you?
4. **Keep a list of all the medicines you are taking**- You can use the list to let your doctor and pharmacist know about everything you are taking and Information about drug allergies you may have.
Include -Prescriptions, over the counter and complementary medicine (eg: vitamins and herbal remedies)
5. **Make sure you understand the medicines you are taking**-
Read the label; including the warnings make sure it is what your doctor ordered for you.
Ask about:
 - Directions for use.
 - Possible side effects or interaction.
 - How long you'll need to take it for?
6. **Get the results of any test or procedure**- The Doctor will let you know when he expects your results from tests to be back , don't assume, "no news is good news" call your doctor to find out your results and ask what they mean for your care.

7. Talk to your doctor or other health care professional about your options if you need to go into hospital.

Ask- How quickly does this need to happen?

- Is there an option to have the surgery/procedure done as a day patient or in an alternative hospital?
- Is there more than one hospital to choose from and if so which has the best care and results for treating my condition?

8. Make sure you understand what will happen if you need surgery or a Procedure

- Tell your doctor/ health care professionals if you have allergies or if you have ever had a bad reaction to an anaesthetic or any other drug.

Ask- What will the surgery or procedures involve and are there any risks?

- Are there other possible treatments?
- How much will it cost?

9. Make sure you, your doctor and your surgeon all agree on exactly what will be done. You should confirm with your doctor and your surgeon the operation to be performed as close as possible to it happening. Doing surgery on the wrong site or removing the appendix instead of the bladder are both extremely rare-but even once is too often. The good news is that many professional organisations are encouraging surgeon to adopt measures to reduce the risk of wrong-site surgery.

10. Before you leave hospital, ask your doctor or other health care professionals to explain the treatment plan you will use at home.

Doctors can sometimes think that their patients understand more than they really do about their continuing treatment and follow-up after they are discharged home from hospital.

- **Ask:** - who will be following up on my care and when do I need to see them?
- How long will I be taking this medicine?
- Will I require physiotherapy or other rehabilitation services?
- When can I return to work?
- When can I play sport?
- When can I drive?
- Will I be given a written summary of my care to pass on to my GP?

Remember to visit your G.P as soon as possible after you are discharged

YOUR INFORMATION

IT'S PRIVATE

Privacy policy

The Brookton Medical Practice is located at:

456 Whittington Street Brookton WA 6306.

Phone: 08 9642 1485 Fax: 08 96431487

Email: brooktonmedical@westnet.com.au.

Who are we?

We are a private medical practice and one of several health and community care services in your area, all working together in partnership to meet your health needs.

What information do we collect about you?

We keep your name and contact details in your patient file. Other details such as your Medical history, care plans and information about your health are recorded each time you visit.

Who else sees your information?

Your information can only be seen by the professionals in this service involved in your care. Otherwise we only release information about you if you agree or if required by law. Such as in the case of a medical emergency, or a court subpoena.

What say do you have in what happens to your information?

You have a say in what happens to your information. We rely on the information you give us to help provide the right care for you. If you decide not to share some of your information or restrict access to your patient record, this is your right, but it may affect our ability to provide you with the best possible care. Talk to us if you wish to change or cancel any of your details or withdraw your consent.

How will your information be protected?

We are committed to protecting the confidentiality of your record. The privacy of your information is also protected by law. We treat your information in the strictest confidence and store it securely.

Can you access your information?

Yes, you have a right to request access to your information and to ask for it to be corrected if necessary. To do this you can make an appointment with the GP.

Do you have any questions? Please talk to one of our staff if you have any other questions or complaints about what happens to your information while you are a patient of this practice, or if you wish to access your record.

BROOKTON MEDICAL PRACTICE

456 Whittington Street

Brookton WA 6306

PH: 08 96421485

Fax: 08 96421487

To

Request for Medical Records

Patient's name _____ Date of Birth ____/____/____

Patient's name _____ Date of Birth ____/____/____

Patient's name _____ Date of Birth ____/____/____

Patient's name _____ Date of Birth ____/____/____

The above named patient/s now attends the Brookton Medical Practice. In the interest of patient continuity of care I would appreciate it if a past history/ medical records could be forwarded to me.

Thanking you in anticipation.

Dr. Remi Adebayo, Dr. Norah Kalibbala, Dr. Emmanuel Awogun, Dr. Olayinka Omoniyi

I give my permission for you to forward any of my medical records to the above named doctor/s.

Signed: _____ Date: ____/____/____

Signed: _____ Date: ____/____/____

Signed: _____ Date: ____/____/____

Signed: _____ Date: ____/____/____