Sunnybank Plaza Family Clinic

NEW PATIENT REGISTRATION FORM

Welcome To Sunnybank Plaza Family Clinic, Registered General Practice

请用英文填写

To assist us in ensuring your information is correct, please complete the following details. Once completed, please hand to a receptionist along with your Medicare Card and your Pensioner Card/ Health Care Card if you have been issued with one.

称呼 Title ☐Mr. ☐Mrs. ☐Ms. ☐Miss. ☐Mast. ☐Other _____ 出生日期 Date of Birth: _____

姓氏 Surname _____ 名 Given Name _____

称呼 Preferred Name 婚姻状态 Marital Status 出生国家 Birth Country

性别 Gender ☐男性 Male ☐女性 Female ☐其他 Others _____ 职业 Occupation

种族 Ethnicity

☐ 澳大利亚人,不属原住民 Australian, non-indigenous

☐ 原住民, 但不属太平洋岛民 Aboriginal but not Torres Strait Islander

☐ 原住民和太平洋岛民 Both Aboriginal & Torres Strait Islander

☐ 太平洋岛民,但不属 原住民 Torres Strait Islander but not aboriginal

☐ 其他, 请注明 Other, Please specify

地址 Address _____

社区名称 Suburb _____ 社区邮编 Post Code _____

住家电话 Home phone _____ 工作电话 Work phone _____ 手机电话 Mobile _____

电子邮件 Email _____

Medicare 卡号: _____ 个人代码 Ref. No.: *有效期限 Expiry:* _____

Centrelink 政府补助卡： ☐ 低收入卡 Health care card ☐ 老年卡 Pensioner Card

Card number卡号: _____ 有效期限 Expiry: _____

退伍军人卡号 DVA Card No.: _____ ☐ 金卡 Gold ☐ 白卡 White ☐ 橘卡 Orange

直系亲属 Next of Kin 名 Given Name _____ 姓氏 Surname _____

地址 Address _____

联系电话 Contact no. 住家电话 Home phone _____ 关系 Relationship _____

紧急联络人 Emergency contact 名 Given Name _____ 姓氏 Surname _____

联系电话 Contact no. _____ 住家电话 Home phone _____ 关系 Relationship _____

饮酒史 Do you drink alcohol? ☐有 YES ☐无 NO 多少 How many? _____ 每天 per day _____ 每周 Per week ☐ 社交 Socially

抽烟史 Do you smoke? ☐有 YES ☐无 NO 次数 How many? _____ 每天 daily ☐ 已戒烟者 Ex Smoker

过敏史 Allergies ☐有 YES ☐无 NO 如果有，请注明: If yes, Specify:

日常用药 Current medications ☐有 YES ☐无 NO 如果有，请注明 If yes, Specify:

	有 YES	无 NO	请注明病史 PLEASE SPECIFY
既往病史 PAST MEDICAL HISTORY			
家族病史 FAMILY MEDICAL HISTORY:	有 YES	无 NO	请注明病史和谁 PLEASE SPECIFY WHAT AND WHO

PLEASE TURN OVER THE PAGE 请翻页 →

OUR PRIVACY AND MEDICAL INFORMATION

Complying with The Privacy Act, your consent is required for information collected. This medical practice collects 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 access, diagnose, treat and be proactive in your health care needs. This means that we will use the information for administrative purposes, billing, disclosure to others involved in your health care; including specialists and other treating doctors outside this practice and disclosure to other doctors in the practice including locums to assist in your medical care. This practice may occasionally be involved in research and quality assurance activities to improve individual and community health care and practice management, in which your consultation may include the presence of a medical student or GP registrar. All information is de-identified. If you wish to opt out of any research undertaken by the clinic – please inform your doctor. We always wish to assure you that your health information is treated with utmost confidentiality. In accordance with medical legislations, doctors and staff in this practice will not discuss test results over the phone and results are only authorized to release by our Doctors.

病人隐私和医疗信息

为了遵守隐私法，我们需要征得您的同意。本诊所收集您的信息，主要目的是为了提供优质的医疗保健。我们需要您提供您的个人信息和完整的医疗记录，以便我们能够正确诊断， 治疗并积极应对您的医疗保健需求。这意味着我们将把这些信息用于管理目的，同时向与您有关的医疗保健人员披露信息;这也包括专科医生和其他治疗团队。本诊所有时可能涉及研究和质量控管活动，以改善个人和社区卫生保健和实践管理。另外，您在本诊所诊病过程中，有可能会有医学生以及全科医生培训医师在场。如果您不希望有其他医护人员了解您的病情，请通知您的诊治医生。我们向您保证，您的健康信息在任何时候都会被严格保密。根据医疗法规，本诊所的医生和工作人员不会通过电话与您讨论检验结果或任何报告, 您的 任何檢驗報告只有醫生有權限能提供。

OUR COMMUNICATION

By signing this form, you acknowledge that appointment reminders, follow-up reminders and report recalls will be communicated via SMS. This is a courtesy service that we offer, it may not be sent on all occasions and you have the responsibility for making, attending, or cancelling appointments for your recall results. You reserve the right to opt out the SMS service at any time, however, you may not be contacted for recalling the results if your phone number provided is not contactable. **You are acknowledged that the risk if you request the results to be send by the email you provided.**

病人联络信息

簽完此同意書,您將同意並瞭解我們會利用短訊功能做預約提醒或報告須回診，這是我們提供的額外服務，不能保證隨時都會收到，預約 / 取消預約 / 約診複查報告還是您的責任。隨時取消這項服務是您享有的權益，如果您取消短信服務, 自己約診複查報告將會是您自己的責任。 **如果您提供并要求通过电邮获取个人资料,您的签字代表接受电邮信件的風险。**

YOUR RESPONSIBILITIES

Patients are required to return for a consultation to obtain test results, preferably with the doctor who ordered your tests. If any results are abnormal and/or require urgent attention, we will contact you. Please make sure reception has your current phone number and address details when booking or settling your account. It is crucial that you understand that this is your responsibility to ensure you contact and return for your results.

您的责任

病人需回诊取得任何检验报告结果，与推荐检验的医生咨询为佳。如任何检验报告有异常或需要紧急处理我们将联系您。您在预约或结账时请确保前台有您最新的联络资讯。请注意您有责任联系我们并回诊咨询检验报告。

ALLIED HEALTH TEAM CARE ARRANGEMENT

If a patient has a chronic medical condition, they may be eligible for services under a General Practitioner Management Plan (GPMP) or Team Care Arrangement (TCA). The GP Management Plans and Team Care Arrangements provides you with rebates for accessing allied health team services up to 5 times per calendar year. (including chiropractor, dietician, podiatrist, and physiotherapy…etc.) We provide onsite allied health team with no gap fee. However, it is your responsibility to be aware whether you have exceeded the total of 5 allied health services in one calendar year. If your visits of our allied health team are outside of your rebate limits, you are responsible to pay the service as private fee. The private consultation fee is subject to the service you received.

如果您有慢性疾病，您有可能符合辅助医学专业治疗计划。如果经医生确定符合要求，您可以每年度使用总共五次的治疗包括有理疗 正骨整脊师 营养师咨询等。如果您符合治疗计划，本診所提供的治疗为免费的。但您有责任确定您是否已经接受了超过每年度总共五次的免费治疗。超出的治疗费您必须自付。

您是怎么知道这个诊所？How did you hear about our practice? _____

- □ Please tick only if you do not want your health summary shared / upload to MyHealth Record services.
  if you do not want to participate, you need to contact My Health Record Help line: 1800 723 471.
- □ 若您不想將您在此診所的病歷分享或传送到澳洲電子健康記錄系統，請打勾。
  若您不想参与澳洲电子健康记录，請聯係澳洲電子健康記錄系統服務專綫：1800 723 471.

- ✓ By signing this form, you are agreed that that any outstanding fees are payable at time of the consultation
  本人签字并承诺支付相关的就诊费用。
- ✓ I am aware and willing to pay the fee involved if my Medicare GPMP/ TCA services exceed the limit of 5 times per calendar year
  本人接受且承诺支付超出每年度五次的辅助医学专业治疗计划的费用
- ✓ Non-Attendance Policy applies: Non-Attendance without a valid reason or prior notice will incur $40 fee.
  預約無故未到診將酌收$40費用
- ✓ Investigations/specialists fees: all fees outside our practice is not within our scope, please double check fees prior investigations/ specialist appointments.
  有关檢驗/專科 醫師看診費用等不包含在本診所服務費用項目內,煩請您於檢驗/專科看診前自行詢問費用
- ✓ By completing the field above, I understand and agree to all the conditions for the service provided by Sunnybank Plaza Family Clinic.
  我已经阅读并了解以上讯息

病患/监护人签名 SIGNATURE OF PATIENT/GUARDIAN: _____ **日期**DATE: / /

Office Use Only:	PHOTO ID CHECKED □	SIGHTED BY:	DATE: