



2 Willis Street, Mosman Park, W.A, 6012
 Phone: 9384 1799
 reception@mosmanparkfamilypractice.com.au
 mosmanparkfamilypractice.com.au
 Healthlink: mosmpark

DR JAMES PRENDIVILLE
 BSc, MBBS (Hons), FRACGP, CWH
 Provider number: 5193599X

DR NATASHA HANCOCK
 MBBS, FRACGP, DCH
 Provider number: 209563CD

DR DOMINIC HIGGS
 BSc, MBBS (UK), FRACGP, DipPalMed, DipSCMS, DipDerm
 Provider number: 460586GL

DR DAISY DE LA HUNTY
 MBBS (Hons), FRACGP
 Provider number: 4924335H

NEW PATIENT INFORMATION & CONSENT FORM

Welcome to Mosman Park Family Practice.
 Please complete all pages and return to reception.

Date:	
Full Name:	
Date of Birth:	
Gender:	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Occupation:	
Address:	
Home Phone:	
Mobile Phone:	
Email:	
Next of Kin details:	
Name:	
Relationship to Patient:	
Mobile Number:	
Medicare Number:	REF: EXP:
Centrelink Pensioner Card:	YES <input type="checkbox"/> NO <input type="checkbox"/> Number: EXP:
Centrelink Health Care Card:	YES <input type="checkbox"/> NO <input type="checkbox"/> Number: EXP:

<p>DVA Card</p> <p>Select what colour DVA card</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/> Number: _____ EXP: _____</p> <p>Gold <input type="checkbox"/> White <input type="checkbox"/> Lilac <input type="checkbox"/> Orange <input type="checkbox"/></p>
<p>Doctor you wish to see:</p>	
<p>How did you hear about our practice?</p>	
<p>Please provide a brief medical history (i.e. allergies, good/poor health, chronic illness, diabetes, asthma etc)</p>	
<p>List of current medications:</p>	
<p>Do you have any allergies or are you sensitive to drugs or dressings?</p>	
<p>Reason for leaving/changing Doctors/Practice?</p>	
<p>Have you had the following immunisations?</p>	<p>Covid-19 <input type="checkbox"/> Number of Doses: _____</p> <p>Tetanus Booster <input type="checkbox"/></p> <p>Hepatitis B <input type="checkbox"/></p> <p>Hepatitis A <input type="checkbox"/></p> <p>Influenza <input type="checkbox"/></p> <p>Pneumococcal <input type="checkbox"/></p> <p>Polio <input type="checkbox"/></p>
<p>Approximately how many times to you visit a GP annually?</p>	



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Consent to Collect & Disclose Information (Privacy Policy)

In accordance with the National Privacy Policy, this practice will ensure your privacy is protected.

When you register as a patient of our practice, you provide consent for our GPs and practice staff to access and use your personal information. Our main purpose for collecting, using, holding and sharing your personal information is to manage your health. I understand that I have the right to request access to my information. Mosman Park Family Practice makes every effort to manage my information in accordance with the National Privacy Principles and keep my records accurate and up to date. I understand that I may withdraw my consent for Mosman Park Family Practice to use and disclose my personal information (except when legal obligations must be met).

Our practice staff will use and disclose your personal information for purposes including:

- Referral to another health care provider
- Sending of specimens, such as blood samples and biopsies
- Referral to hospital for treatment
- Advice on treatment options
- To meet our obligations of notification to our medical defence providers
- Where legally required to do so, such as producing records to court
- Account keeping and billing processes

Conditions of the use of Email

We cannot guarantee, but will use reasonable means, to maintain security and confidentiality of email information sent and received. We are not liable for improper disclosure of confidential information that is not caused by our intentional misconduct.

Patients must acknowledge and consent to the following conditions:

- Email is not appropriate for medical questions or urgent or emergency situations.
- Our email is not always monitored; therefore, we cannot guarantee that any particular email will be read or responded to within any particular period of time.
- We are not liable for breaches of confidentiality caused by the patient or any third party.

I HAVE READ THE ABOVE AND CONSENT TO:

- 1) Mosman Park Family Practice collecting, using, storing and disposing of my information.
- 2) The release of relevant personal information to other health professionals to allow quality medical care.
- 3) Inclusion in a recall register to be advised of follow up visits, medical updates & health information.

I acknowledge I have understood Mosman Park Family Practice's PRIVACY POLICY and I give consent to providing medical information to this practice.

We are a privately billing practice and there will be a fee which will need to be settled on the day of your consult.

Cancellation fee applies for missed appointments or cancelled appointments within 2 hours of the scheduled time.

Standard Consultation is \$85.00 (Medicare Rebate \$39.75)

Long Consultation is \$145.00 (Medicare Rebate \$76.95)

Your Medicare claiming will be processed automatically at the time of payment.

Signature: _____

Date: _____