



Kings Langley Family Practice

Shop 6, No 4 Solander Road, Kings Langley NSW 2147 Ph: (02) 9620 8400 Fax: (02) 9620 9933

New Patient Details

Title

Surname

Given Name

Middle Name

Preferred Name

Date of Birth

Sex: Male / Female

Ethnicity:

Country of Birth

Occupation

Allergies

Reaction

Contact Details: Address

Postal Address Same as above?

Home No

Work No

Mobile No

Email

Consent to SMS Reminder and Recalls Notifications where applicable: Yes / No

Health Card Information:

Medicare No

Ref No

Expiry Date

Health Care Card / Pension / DVA No

Expiry Date

Next of Kin Details: Surname

Given Name

Address (if known)

Home No

Mobile No

Relationship

Emergency Contact Details: Same as above? Yes / No

Surname

Given Name

Address (if known)

Home No

Mobile No

Relationship

Consent:

· Kings Langley Family Practice (KLFP) undertakes research, professional development, and quality assurance/ improvement activities to improve patient care. All people accessing personal health information for this purpose would have signed a written confidentiality agreement.

· For medical care/treatment relevant personal information may need to be provided to other specialists/providers to enable their involvement with your health management/treatment - Pathology forms, specialist referrals, care plans etc.

· I consent to my health record being reviewed as part of the quality improvement activities at this practice and that relevant information is provided when necessary to continue appropriate treatment.

· The practice uses a reminder/recall system to improve the quality of your health care. I consent to being contacted for reminders/recalls/quality improvement activities

Signature of Patient/Carer/Guardian.....

Date.....