

KINGS PARK CLINIC

309 Goodwood Road

Kings Park, SA, 5034

Ph: 8271 0303 F: 8074 1202

E: reception@kingsparkclinic.com.au



New Patient Information Form

Before you fill in this form, please be aware that;

- 1) We are a mixed billing clinic and do not bulk bill unless you show us a current DVA card.
- 2) If you do not attend your appointment or cancel with less than 2 hours' notice, this may incur a fee.
- 3) Payment for your appointment is your responsibility and is due at the conclusion of your appointment.
- 4) The clinic charges an administration fee to transfer your medical records to another health care provider.
- 5) Doctors at this clinic do not prescribe, UNDER ANY CIRCUMSTANCES, to patients not known at this clinic or for medications containing pseudoephedrine or opiates.

DR / MR / MRS / MISS / MS / OTHER _____ Surname: _____

Given names: _____ Preferred name: _____

Date of birth: _____ Gender: _____ Pronouns: _____

So we can give you the appropriate medical care; do you identify as someone from a culturally and/or linguistically diverse background: YES / NO IF YES: which one: _____ & do you require an interpreter YES / NO

To assist with health initiatives - Do you identify as an Aboriginal or Torres Strait Islander: YES / NO

Aboriginal YES / NO Torres Strait Islander YES / NO Aboriginal & Torres Strait Islander YES / NO

Country of birth _____ if not here, what year did you arrive in Australia: _____

Address: _____

Postal address (if different): _____

Phone numbers: (mobile) _____ (home) _____ (work) _____

Email address: _____

Medicare card number: _____ IRN: _____ Expiry: _____

Entitlement Card: NONE / PENSION CONCESSION / HEALTH CARE CARD / DVA / COMMONWEALTH SENIORS

Card number: _____ Expiry: _____

Employed: YES / NO Occupation: _____

In case of emergency, please contact: Name: _____

Relationship: _____ Phone: _____

Next of Kin (if separate from emergency contact): _____

Relationship: _____ Phone: _____

Allergies:

PLEASE TURN OVER

Smoking status: SMOKER / EX-SMOKER / NEVER SMOKED

Cigarettes per day: _____

Year commenced: _____ Year quit (if necessary): _____

How did you hear about us: ☐ Internet search ☐ Instagram
☐ Word of mouth ☐ Outdoor signage
☐ Facebook ☐ Other: _____

If the patient is UNDER 18 years of age, please complete this extra section:

Parent/Guardian name: _____

Is the parent/guardian a current patient: YES / NO

If no, please supply the following information:

Date of birth: _____ Mobile Number: _____

Address: _____

Medicare Number: _____ IRN: _____ Expiry: _____

As part of a Quality Improvement Initiative by the Federal Government this clinic participates in de-identified data collection. If you would like to know how we do this, and have any questions around the privacy of the information collected, please ask at receptions and we will be pleased to talk to you about it.

Please tick this circle if you **do not** want your de-identified data included in our data collection. ☐

Artificial Intelligence

Our clinic uses Heidi, an AI medical scribe, to assist with clinical note-taking so your doctor can spend more time focused on your care. AI will transcribe your consultation into clinical notes for your doctor's review before they are added to your medical record. No audio recordings are stored. Heidi complies with Australian privacy laws, uses secure Australian data storage, and meets recognised security standards. You may withdraw your consent at any time without affecting your care.

Please tick this circle if **you consent** to the doctor using AI to scribe your consultation. ☐

Signed: _____

Name: _____ Date: _____
