

Welcome to Ranges Medical, each member of the Ranges Medical team is here to help you live a healthy, fulfilling life.

Title: Dr Prof Mr Master Mrs Miss Ms Other _____ Important! Name must be as it appears on your Medicare or Insurance card

Family Name: _____ **Given name:** _____

I prefer to be called (name if different to given name): _____

Date of birth: ____ / ____ / ____ **Birth Gender:** Male Female **Pronouns:** She/Her/ Hers He/Him/His They/Them/Theirs
Gender Identity: Male Female Non-binary Gender diverse Transgender Other

Ethnicity: Australian, non-indigenous Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander Other, _____

<table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td><td style="width: 5%;"> </td> </tr> </table>													Ref no. <input style="width: 30px; height: 20px;" type="text"/> <small>This is the number next to your name on the card</small>	Expiry date: _____

MEDICARE NUMBER: _____

Pension / DVA number: _____ **Card type:** _____ **Expiry date:** _____

HCC number : _____ **Expiry date:** _____

ARN number (Aviation Medicals) : _____

Address:
Number & Street: _____ **Suburb :** _____ **State:** _____ **Postcode :** _____
Postal address (if different): _____

Contact number (Mobile): _____ Contact number (Home): _____ Email: _____	<p>COMMUNICATION CONSENT: Ranges Medical use electronic communications for upcoming appointments, reviews, assessments, reviewed test results, or health information. This communication can be via Email, Fax or SMS.</p> <p>Please tick if you wish to opt OUT <input type="checkbox"/></p>
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Marital status: _____ **No. of children & ages:** _____

Country of birth : _____ **Occupation:** _____

Emergency Contact person:

Name: _____ **Contact number:** _____

Relationship to you: _____

Next of Kin: please tick if same as Emergency Contact person

Name: _____ **Contact number:** _____

MEDICAL HISTORY Please briefly complete this section to the best of your knowledge – this will be discussed further with your GP

Medical history: _____

Surgical history: _____

Current medications – list all including natural / herbal remedies	Allergies
	<input type="checkbox"/> Nil Known

Have any of your family members (grandparents, parents, siblings & children) had the following? *If yes, please indicate who was affected.*

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer / Type _____ |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Other (Please Specify) _____ |

Ladies: When did you have your last Cervical screening _____ and Breast check _____

Smoking (cigarettes, pipes, cigar, vape and cannabis)

- Never smoked Smoker - number per day _____ OR Ceased smoking - date _____

Alcohol Intake: number of drinks per day _____ and number days per week _____ Type of alcohol : _____

TERMS AND CONDITIONS:

Dear Patients, please note the following policies for this practice:

Appointments: Our reception staff will ask you at the time of booking which doctor you would prefer to see and discuss the length of appointment you require. Please note a **'Standard Appointment'** allows time for the doctor to discuss 1 or 2 issues only. If you require more time to discuss multiple or complex issues or require completion of forms, need a procedure of any kind (such as Cervical screening) then please ask for a **'Long Appointment'**. This ensures there is minimal delay for other patients who are waiting. **Advising our reception staff will ensure they book the most efficient and cost effective appointment for you. Please note not all of our Doctors undertake all procedures.**

After hours care: For all urgent medical care after hours phone the After-hours GP help line: 1800 022 222.

Privacy Statement and Consent to release relevant health information: We require that you to provide us with your personal details and a full medical history so that our Doctors can properly assess, diagnose, treat and respond to your health care needs. We do not share identified information without your consent in accordance with the National Privacy Principles (NPP) and the Privacy Act. Information regarding your identifiable medical records will only be released following a request in writing and with relevant approvals. For more information on our Privacy Policy, refer to Ranges Medical's notice board, and website - www.rangesmedical.com.au

Practice Fees: We are a private billing practice and payment is required in full on the day. For most consultations, Medicare billing is available to current Age / Disability Support Pension, DVA Gold card-holders and those under 16 years. Consultation fees for Health Care Card and Commonwealth Seniors' Health card holders are generally at a reduced rate. Presentation of cards must be shown at time of payment. Surgical and other procedures fees (such as Iron Infusions) also incur a Procedure Room fee, depending on the complexity of the procedure. The practice has claiming facilities allowing patients to pay and then claim the Medicare rebate on site. When making your appointment please enquire with the receptionist as to the fee applicable.

Telephone calls and emails: As a courtesy to the patient with them, and for privacy, doctors will not accept calls during consultations. Doctors will not use email to communicate clinical or personal matters.

Prescriptions and Referrals: To maintain quality health care service, a consultation with the doctor is required to determine the appropriateness of each request for a referral or prescription, *even if it is an ongoing concern*. **Please note: it is illegal for Doctors to backdate referrals to specialists and medical certificates. Please do not make such a request.**

Results: In the interest of good health care, we often prefer that you make an appointment to discuss results, but the Doctor may make alternative arrangements with you. **Our reception staff are NOT ABLE to provide result by telephone.**

Reports and Paperwork: If you require reports or completion of any kind of paperwork, including driver's licence forms, you must make a long appointment with the Doctor and attend in person. Our receptionists can advise you whether a Medicare rebate will apply (it usually does not). You will incur additional administration costs if printing, faxing or postage as required.

Late cancellations and no shows: Please provide 24 hours' notice if you are unable to attend your appointment. Failure to attend appointments causes inconvenience for the doctors and other patients who missed out on the appointment. At the doctors' discretion, fees may apply for late cancellations and missed appointments.

Feedback: We pride ourselves on excellent healthcare. If you have any questions, concerns or complaints we would be happy to hear from you. Please use our suggestion box, or contact the Practice Manager in person, by phone or in writing. Alternatively you can contact Health Quality and Complaints Commission at www.health.vic.gov.au/hsc or phone on 1300 582 113.

Health Promotion and Preventative Care: Ranges Medical operates a patient reminder system and preventative medicine program for important, ongoing medical issues. Please notify our receptionists if you do not wish to be contacted via SMS and/or email. The practice' website provides information about our services - www.rangesmedical.com.au.

Translation services: Please notify our receptionists before your consultation if you require Translation & Interpreter Service (TIS) or National Relay Services (NRS) for the hearing or speech impaired. Some of our Doctors speak other languages other than English, so please inform us when you book if you have special needs.

***** We have ZERO TOLERANCE of abuse to any of our staff either in person or on the phone. Abusers will be asked to leave the property *****

I have read and understood the terms and conditions of Ranges Medical

Your Signature: _____ Date: _____
Parent/Guardian

You can book online at www.rangesmedical.com.au
or via the AMS Connect app, scan the QR Code

