

PATIENT REGISTRATION FORM



CHILD'S PERSONAL DETAILS

First Name	Last Name
Date of Birth	MALE / FEMALE
Number / Street Address	
Suburb	Postcode

PARENT(S)/CAREGIVER DETAILS

Name of Parent 1 _____	Name of Parent 2 _____
Date of Birth _____	Date of Birth _____
Mobile No _____	Mobile No _____
Email Address _____	Email Address _____
Medicare Number _____ Ref No. ____	Medicare Number _____ Ref No. ____
Name of parent to be main CONTACT PERSON for changing/confirming appointments. This parent will receive SMS reminders for the child's appointments and is responsible for communicating this information to the other caregiver.	
Name of parent to be main ACCOUNT HOLDER. (Please note this parent is the Medicare Claimant and receives the Medicare rebates where applicable)	

CHILD'S MEDICARE/PRIVATE HEALTH DETAILS

Medicare Number	Reference Number	Expiry Date /
Name of Private Health Fund (if applicable)	Member Number	
Hospital - Type of Cover - Please circle YES - GOLD / SILVER / BRONZE / BASIC / UNKNOWN NO COVER	Extras: YES / NO Have you been a member for more than 12 months? YES / NO	

REFERRING DETAILS

Name of regular FAMILY DOCTOR	Name of REFERRING DOCTOR
PLACE OF PRACTICE	PLACE OF PRACTICE
Name of any other HEALTH PROFESSIONALS involved in your child's care (eg. Paediatrician, Physiotherapist)	

Filling out this form will ensure that we can optimise the time we spend discussing the important issues you identify.

We will keep all this information strictly confidential. Please email or fax this form to

info@respiratoryandsleepforkids.com.au or 08 7070 2765. Further enquires please ring 08 7231 1237.

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PATIENT NAME:

GENERAL MEDICAL INFORMATION

What medical and / or surgical issue(s) has your child had in the past?

Please list any regular medications (include over the counter or herbal medications)?

Please list any known allergies (eg medications, foods, environmental, latex, animals etc).

Does anyone in the household smoke? YES / NO

Has your child had immunisations? YES / NO
If yes, are they up to date? YES / NO

What medical and / or surgical issue(s) that has been present or passed on within family members

TYPE OF CARE/SCHOOLING

What type of care/schooling does your child attend, if any? (eg nanny/daycare/childcare/kindergarten/ELC/school)? If so, how many days per week?

ANTENATAL AND POSTNATAL INFORMATION

Please specify if you had any problems during pregnancy?

Was your child born to term? If no, please specify.

Please specify if there were any complications/health issues at delivery or in the first 30 days of your child's life.

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PATIENT NAME: _____

ACKNOWLEDGEMENT AND CONSENT

- I have read and understand the privacy policy, bookings, cancellations and fees. (You may find this information attached below with this form, at the time of booking, sent via email, on the day of the appointment or on our website prior to your appointment).
- All information provided on this registration form is accurate, current, and correct to the best of my knowledge.
- I consent to Respiratory and Sleep for Kids Pty Ltd exchanging confidential correspondence via email to other healthcare professionals involved in your child's care (email is not guaranteed to be "secure").
- I consent for Respiratory and Sleep for Kids Pty Ltd to receive/send/exchange information from those that work at Respiratory and Sleep for Kids Pty Ltd and other organisations or persons to provide the best health care for the child and the family while maintaining confidentiality.
- I understand that it is my responsibility to maintain an up to date referral, from either another specialist doctor or general practitioner, in order to be eligible for the Medicare rebate. I am aware that if I do not present with a current referral, I can see Dr Wong, but cannot claim this consult through Medicare. (Please note that referrals from specialists expire after 3 months and referrals from GPs expire after 12 months).
- I understand it is my responsibility to always supervise my child/children, including while waiting, during the appointment and when they are consuming food in the rooms, as other children may suffer from life threatening reactions to certain foods.
- I hereby agree to pay for all financial charges arising from the medical consultation and associated services provided by Dr John Wong at Respiratory and Sleep for Kids Pty Ltd on the day of the appointment/service.

SIGNATURE: _____ DATE: _____

FULL NAME: _____

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Bookings

The current wait time for a first appointment varies but is generally 4-6 weeks. If you are flexible with times and days, it is easier to book an appointment with Dr Wong. Booking review appointments are easier to book as they are shorter appointments and can often be booked in advance.

Patients with urgent referrals are seen fairly promptly and can be placed on a cancellation list.

Confirmation

Computerised emails/text messages are sent from our computer system a few days prior to your scheduled appointment. Please respond with a Y (yes, we are attending) or N (no, we are not attending) to confirm/cancel the appointment. For your convenience we have sent our patient registration and privacy consent forms that you can pre-fill before coming to the appointment to save time.

Cancellations

If you would like to reschedule or cancel your appointment, please call us at your earliest convenience to arrange this. It is appreciated if parents are able to phone us at least 48 hours prior to your appointment as this allows us enough time to contact other families in regard to filling this availability.

Appointment Times

We ask that you come 10-15 minutes prior to the scheduled appointment in order to fill out any forms, however we do understand that circumstances may unexpectedly occur.

As you can imagine, one late patient will inevitably impact the other patient wait times, so if you are running late please let us know so we can let Dr Wong know or work out alternative arrangements.

Fees

Dr Wong's consultation fees are discussed at the time of booking the new appointment and can be discussed at any time prior to the appointment. Fees may also apply for certain tests/services such as hire of the overnight oximetry equipment. For your convenience we offer EFTPOS or cash facilities. Please note, we do not accept American Express. Payment for services are to be paid on the day of consult.

Medical Claims

Medical rebates are processed electronically on the day of service to ensure your rebate is provided in a timely manner.

Medicare rebates are often paid into the bank account you have registered with Medicare within 48 to 72 hours. Please ensure that you provide the correct Medicare details to our staff for smooth rebate transactions and settling of funds.

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Privacy Policy

This policy outlines how we manage your personal information as we are committed to providing quality services and best practice. We have adopted the Australian Privacy Principles (APP) found in the Privacy Act 1988. The APP may be found at the office of the Australian Information Commissioner – www.aoic.gov.au.

What is Personal Information?

Personal Information (PI) is any information or an opinion that identifies an individual. Information may include but is not limited to name, address, email, relation to others, contact details.

Why do we collect personal information?

The primary reason for collecting personal information is to provide the best service and health care possible to your child. It is necessary for RSK to collect information, record data and have consent to communicate when appropriate to others involved for your child's health care.

Primary services provided require information for administration such as billing/medical rebate purposes, and clinical purposes such as liaising with other relevant health care workers (eg GP, other specialists or allied health care workers, hospitals).

As a secondary purpose personal information occasionally maybe used to participate in research and quality assurances improvement / practice audits / or to analyse individual and community health care and practice management. All information used is de-identified. Any information used outside of this practice will require your consent.

Disclosure of Personal Information

Your personal information may be disclosed when we are required, by law, for medical defence purposes or legal requirements (eg reporting of communicable diseases). Your personal information may also be disclosed to provide information to third parties, such as other healthcare professionals, in the interest of your child's health, though your consent will be sought (eg making a referral to another health professional).

What we collect?

We require

- Personal identification details including contact information and health care details and any other personal and health information that is necessary for providing the best care for your child.
- Full medical history so that we may properly assess, diagnose and treat illnesses and provide proactive health care for your child.
- Referrer details and other organisations or persons details that will assist RSK in providing health services to you.
- Information required for billing and Medicare claiming.

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How we keep your information?

RSK stores your information in digital form, including but not limited to, its database software called GENIE. Paper records are usually shredded as soon as transferred to a digital format or when unnecessary anymore.

The Privacy Policy applies to all information provided to us no matter the form it is provided or stored in. Files and programs can only be accessed by authorized staff and health care workers using an individualised password. Medical records are retained for a minimum of seven years from last consult as is required by Australian Law.

Access to and correction of your information

You may request access to your child's personal medical information held at RSK and will be given the opportunity to amend any personal information held that is incorrect subject to certain legal exceptions which would be explained to you at the time. RSK may charge a reasonable fee for the health professional or administrative time/costs that may be involved in collating and supplying a copy of this information to you. If you wish to access your child's personal information, please contact us in writing.

In order to protect the information we would require identification from you before releasing this information to the parent/guardian. RSK would also require a signed and written request from you if a legal representative or other authorized representative has requested this information.

Maintaining the quality of your personal information

If you find that the information we have is not complete, not up to date or inaccurate, please advise us as soon as possible, so that we can update our records and provide the highest quality of care to you and your child.

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