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Coster Street Medical Practice
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NEW PATIENT INFORMATION FORM

Please complete the following information, read, and sign the Code of Conduct as well as the attached letter to your previous doctor. Return all three forms to our clinic for processing.

Surname			Date of Birth:	
First Name				
Middle Name				
Title		Gender		
Street Address				
Suburb and Postcode				
Home Phone		Mobile Phone		
Work Phone		Email Address		
Place of Work				
Occupation				
Medicare Number			Expiry date:	
Pension Number			Expiry date:	
Health Care Card No.			Expiry date:	
DVA Card	Gold <input type="checkbox"/> or White <input type="checkbox"/>	No:	Expiry date:	
Next of Kin	Name: Phone Number: Address: Relationship to you:			
Emergency Contact (if different to next of kin)	Name: Phone Number: Relationship to you:			
Country of birth:	Primary Language:	Indigenous status: <input type="checkbox"/> Aboriginal <input type="checkbox"/> TST origin <input type="checkbox"/> Neither <input type="checkbox"/> Registered for CTG PBS co-payment relief		
You authorise Coster St Medical Practice to submit Medicare claims on your behalf? <input type="checkbox"/>Yes <input type="checkbox"/>No				
You consent to Practice Staff accessing your patient file to provide services to you <input type="checkbox"/>Yes <input type="checkbox"/>No				
Do you consent to receiving appointment reminders and clinical reminders via text (SMS) on your mobile phone? <input type="checkbox"/>Yes <input type="checkbox"/>No (If Yes, please bring your phone in on your next visit to activate)				

Privacy and Information Release: Under Privacy Laws, medical information can only be shared with the patient unless a release form is signed, authorising a nominated person (e.g., family member) to access health or test result information. Without this form, no details, including whether the patient is in the waiting room, can be disclosed. Patients can request a release form from the receptionist.

Appointment Delays and Doctor Availability: The practice apologises for potential delays or changes in assigned doctors/nurses due to unforeseen complex cases or multiple issues requiring extended consultation time. Additionally, doctors may have other responsibilities (e.g., working at Residential Aged Care Facilities, Benalla Urgent Care Centre, or Benalla Health inpatients), which could result in patients being reassigned to another doctor.

If you need the release form or have concerns about appointments, contact the receptionist for assistance.

OFFICE USE ONLY: Entered to Best Practice and scanned: ☐

CODE OF CONDUCT

As a patient at our Coster St Medical Practice, we strive to provide you with the best possible care and ensure a safe and respectful environment for all. To maintain a positive experience for everyone involved, we kindly request that you adhere to the following code of conduct:

1. Be respectful:
 - Treat all staff, doctors, and other patients with kindness and respect.
 - Avoid any form of abuse, like hurting or threatening others.
 - We have a **zero-tolerance policy for aggressive or disrespectful behaviour**. Such behaviour may lead to immediate termination of services and legal action.
2. Appointments:
 - Be on time for your appointments. If you need to cancel or change an appointment, please let us know in advance.
 - Understand that sometimes emergencies or unexpected situations may cause delays. We appreciate your patience.
3. Privacy:
 - Keep personal information about yourself and others confidential.
 - Do not discuss other patients' private matters in public areas.
 - Agree to provide the required forms of identification requested in order to verify your identity.
4. Follow clinic rules and payment obligations:
 - Please follow the rules, procedures, and guidelines provided by our staff and doctors.
 - Comply with requirements related to payment, and documentation.
5. Communication and cooperation:
 - Provide accurate and complete information about your medical history, symptoms, and other relevant details.
 - Ask questions and seek clarification. Be involved in decisions about your health.
 - Follow the prescribed treatment plans, take medications as directed, and attend follow-up appointments.
6. Safety and hygiene:
 - Keep clean and maintain personal hygiene when visiting the clinic.
 - Follow guidelines for hand hygiene and respiratory etiquette.
 - Report any safety concerns or incidents to our staff.

By signing below, I acknowledge that I have read and understood the Coster Street Medical Practice Code of Conduct. I agree to comply with these guidelines, including the **zero-tolerance** policy for aggressive and disrespectful behaviour, to ensure a positive and respectful environment for all patients and staff members.

Patient's Name: _____ Signed: _____ Date: _____