

# RALIFAH MEDICAL CENTRE

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## New Patient Registration Form

Welcome to Ralifah Medical Centre! Please complete this form to help us provide the best care for you.  
Your information will be kept confidential.

### Personal Information

Title ( Mr / Mrs / Ms / Dr ):

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Male ☐ Female ☐ Other ☐ Prefer not to say

Address: \_\_\_\_\_

Town/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

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### Medicare Information

Medicare Number:

Reference Number:

Expiry Date:

Concession card (if applicable):

Card Type: ☐ Health Care Card ☐ Pensioner ☐ SCC

Card Number (CRN):

Expiry:

Do you identify as Aboriginal or Torres Strait Islander?

☐ Neither ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both

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### Medical History

Do you have any allergies? ☐ Yes ☐ No

If yes, please specify:

## Consent

**Do you consent to receiving SMS, letter, email notifications for appointment reminders and practice updates?**

☐ Yes ☐ No

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## Privacy Policy Acknowledgement (full policy available on request)

At Ralifah medical centre we are committed to protecting your privacy and ensuring that your personal information is collected, used, and stored in accordance with the Australian Privacy Principles (APPs) outlined in the Privacy Act 1988 (Cth).

### Collection of Information:

We collect personal information to provide you with medical care and services, including diagnosis, treatment and referrals. Your information may also be used for administrative purposes, including billing and insurance claims.

### Disclosure of Information:

Your information may be disclosed to other healthcare providers (e.g. specialists, pathologists, radiologists) involved in your care or as required by law. We will only share your information with third parties with your consent or if legally obligated.

### Security of Information:

We take all reasonable steps to protect your personal information from misuse, loss, and unauthorized access. Our staff are trained in handling your information securely, and we use appropriate electronic and physical safeguards.

### Your Rights:

You have the right to access and update your personal information. If you wish to access your records or make changes, please contact our practice. If you have concerns about the way your information is being handled, you can lodge a complaint.

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## Patient Declaration

I, \_\_\_\_\_ (patient name), have read and understood the policies outlined in this document, including those on appointments, fees, missed appointments, patient feedback, test results, telehealth, use of AI, and aggressive behaviour, and consent to the collection and use of my personal health information as outlined. I understand that I can withdraw my consent at any time by notifying the practice in writing.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Patient Information Form**

### **Appointments**

We offer both face-to-face and telehealth consultations. Please call our reception or use [hotdoc.com.au](https://hotdoc.com.au) to schedule your appointment. **If you need a longer consultation for complex issues, please inform us when booking.**

#### **Same-Day Appointments:**

Urgent appointments are available for same-day booking. Please call early in the morning for best availability.

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### **Fees and Billing**

Our practice is a **private billing practice**, which means that fees are payable at the time of consultation. We accept Medicare for rebates, and payments can be made via cash, EFTPOS, or credit card.

- **Brief Consultation Fee:** \$55 (\$65 weekends)
- **Standard Consultation Fee:** \$85 (\$95 weekends)
- **Long Consultation Fee:** \$125 (\$135 weekends)
- **Prolong Consultation Fee:** \$165 (\$175 weekends)

Patients eligible for Medicare rebates can claim them directly after payment (need physical card) through our system. Please note that certain services such as medical reports, procedures, and some vaccinations may attract additional fees not covered by Medicare.

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### **Missed Appointments**

If you cannot attend an appointment, please provide at least **24 hours' notice**. This allows us to offer the time slot to other patients in need.

Failure to attend an appointment without prior notice may incur a **missed appointment fee**, which is not claimable from Medicare.

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### **Patient Feedback**

We value patient feedback as it helps us improve our services. You can provide feedback by speaking with our reception staff or writing comments on our Facebook page.

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## Test Results

Our practice will notify you of your test results only when medically necessary. For routine results, patients are advised to book a follow-up appointment with the doctor.

- **Abnormal Results:** If any results require urgent action, we will contact you immediately.
  - **Routine Results:** You may receive notification via SMS, phone or email to be advised and schedule a follow-up appointment.
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## Telehealth and Electronic Communication

We offer **telehealth consultations** for patients unable to attend the clinic. Please ensure your contact details are up to date to receive the telehealth link or phone call.

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## Use of Artificial Intelligence (AI)

We may use AI tools, such as a scribe service, to assist with note taking and in other ways that help improve efficiency during a consultation. We will only use data from AI tools to provide healthcare to you. Please let us know if you have any questions or concerns in relation to AI use in the practice.

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## Aggressive Behaviour Policy

Our practice has a **zero-tolerance policy** towards aggressive, abusive, or threatening behaviour. Aggression towards staff, doctors, or other patients will not be tolerated under any circumstances. Patients displaying such behaviour will be asked to leave the premises, and in some cases, care may be refused.

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