Office use only

MIDWEST Aero Medical
ABN: 75146627107

Patient Information Form

We are committed to providing our patients with the best care. To do this it is essential that your health record is kept up to date and accurate.

Could you please assist us by completing the following:	
Title	☐Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mstr
Surname	
First Name	
Known as (preferred name)	
Date of Birth	
Are you of Aboriginal or Torres Strait Islander Origin?*	No ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐

Medicare Number & Reference	#:	Expiry:	Ref:
DVA Gold ☐ DVA White ☐	#:	Expiry:	
Pension Number	#:	Expiry:	
Health Care Card Number	#:	Expiry:	

Residential Address	
PO Box address (if applicable)	
Suburb and Post Code	
Email	

Home Phone		Work Phone	
Mobile Phone		Language	
Marital Status		Country of Birth*	
Occupation		Ethnicity*	
Next of Kin* *(Name, Relationship and Telephone Number)*			
Emergency Contact *(Name, Relationship and Telephone number of the person we can contact if needed)*			

***Must be completed**

Our practice undertakes research, professional development, and quality assurance/improvement activities to improve patient care. All people accessing personal health information for this purpose have signed a written confidentiality agreement.

I consent to my health record being reviewed as part of the quality improvement activities at this practice and to have a health summary uploaded to MyHealth record when necessary: ☐ **Yes** ☐ **No**

Our practice uses a reminder system to improve the quality of your health care. The practice sends reminders by mail, SMS or telephone for procedures such as vaccinations, Pap tests and other health reviews.

I consent to being contacted with reminders as part of the quality improvement activities at this practice: ☐ **Yes** ☐ **No**

Midwest Aero Medical is a Private Billing Practice. All fees are required to be paid on the day

Standard Consult Fees: $85	Extended Consult Fees: $135
Pension/HCC fee: $65	Pension/HCC rate: $115
Medicare Rebate: $39.75	Medicare Rebate: $76.95
Missed standard appointment fees: $45	Missed extended appointment fees: $65

Please initial that you have read & understand our Fee Policy and Structure ☐ **Yes** ☐ **No** **Initial** _____

Signature of patient or guardian _____ Date _____/_____/_____

Telephone: (08) 9956 8999 Fax: (08) 9956 8998
Email: reception@ mwaeromedical.com.au
Po Box 7145, Geraldton WA 6531

Request for Medical Records

Date……

Doctor/Medical Centre where records are currently held**:**

Doctor/Practice…….....

The following patient(s) is/are now attending this Practice and seeing:-.

Dr ……

Could you please forward a copy and/or summary of the medical records for the following:

DATE OF BIRTH	FIRST NAME	SURNAME

If a fee is charged for release of Medical Records please contact or send invoice to:

Full Address: _____

Phone number: _____

Email: _____

All adults must sign the authority to release medical records:

I _____

Give permission for the requested medical records be released to Midwest Aero Medical

Signed _____

Please note: If you use Medical Director or Best Practice, we are happy to receive records by email in .xml format (Do not send in .html format). Please email to reception@ mwaeromedical.com.au