



WEST KENTISH  
GENERAL PRACTICE

## NEW CLIENT REGISTRATION FORM

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Meercroft: ☐ Seaview ☐ Oceanview ☐ Park View ☐ Park Avenue ☐ Park Lane

Karingal: ☐ South ☐ East ☐ West

Rubicon Grove: ☐ Blue Gum ☐ Shea Oak ☐ Blackwood ☐ Tea Tree

Melaleuca: \_\_\_\_\_ Strathdevon: \_\_\_\_\_

Tandara: \_\_\_\_\_ Other: \_\_\_\_\_

Medicare Number (or good quality photocopy of card

attached): IRN: \_\_\_\_\_

Expiry: \_\_\_\_\_

DVA Card Number: \_\_\_\_\_

Pension Concession card Number: \_\_\_\_\_

Who was your last GP or GP surgery: \_\_\_\_\_

Which pharmacy have you been using: \_\_\_\_\_

Have you completed any of the following?

- ☐ Advanced Care Directive
- ☐ Power of Attorney
- ☐ Guardianship Order

Who is your next of kin or responsible person and how do we contact them if needed?

\_\_\_\_\_

I give permission for West Kentish General Practice staff to: request my medical file from my previous GP practices, hold my medical information, coordinate my care and share information with other healthcare providers when medically appropriate, including by phone, email and text message.

I give permission for West Kentish General Practice staff to coordinate my care by phone or video link and for Telehealth appointments out of hours if this is needed for my care, even if I am unable to participate directly in the conversation (eg too unwell), and to bill Medicare for these consultations

I understand that my care will be bulk billed through Medicare, and if any service is not covered I will be informed beforehand.

**On registering with WKGP I agree to:**

- ☐ Also register with MyMedicare
- ☐ Complete an Advance Care Directive
- ☐ Be seen by a locum doctor if my usual doctor is on holiday or unavailable

**Signed:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Note: If the person lacks capacity to sign then the above statement is made on their behalf and signed by next of kin or person responsible, or if unable to sign because of physical issues they can be witnessed indicating their compliance and the form signed by next of kin, person responsible or RACF facility registered nurse.

**Note (Important):**

If I do not wish to register with WKGP, or I wish to seek care elsewhere I will inform Port Sorell Medical Centre as soon as I have registered with an alternative doctor.

Port Sorell Medical Centre doctors will not be able to provide any routine or emergency visits to aged care facilities. You will need to transfer to West Kentish General Practice or register with a GP at another practice.