



35 Caledonia Street  
St. Andrews, VICTORIA 3761  
P: 1300 100 724 (SAH)  
F: 03 8669 4154

E: [contact@standrewshealth.com.au](mailto:contact@standrewshealth.com.au)  
<https://standrewshealth.com.au/>

## Patient Registration and Consent Form

Please email the completed form to [intake@standrewshealth.com.au](mailto:intake@standrewshealth.com.au) or fax it to [03 8669 4154](tel:0386694154)

Name of Facility: _____
Address: _____
Floor/Wing: _____
Room Number: _____

### PATIENT DETAILS

TITLE: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_

MARITAL STATUS: \_\_\_\_\_

GENDER: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_

ABORIGINAL/ TORRES STRAIT ISLANDER? YES  NO

NEXT OF KIN/EMERGENCY: \_\_\_\_\_

RELATIONSHIP TO PATIENT: \_\_\_\_\_

MPOA: YES  NO

CONTACT NO: \_\_\_\_\_

MEDICARE CARD NUMBER (10 DIGITS): _____	REF NO: _____	EXPIRY DATE: ___/___/___
PENSION CARD <input type="checkbox"/>	NUMBER: _____	EXPIRY DATE: ___/___/___
HEALTH CARE CARD <input type="checkbox"/>	NUMBER: _____	EXPIRY DATE: ___/___/___
DVA CARD: GOLD <input type="checkbox"/> WHITE <input type="checkbox"/>	NUMBER: _____	EXPIRY DATE: ___/___/___

**MEDICAL INFORMATION:**

Current Medications: \_\_\_\_\_  
\_\_\_\_\_

Medical History (Previous illnesses/operations): \_\_\_\_\_  
\_\_\_\_\_

Family Medical History: \_\_\_\_\_

List any allergies (including reactions): \_\_\_\_\_

List any immunisations you have received including the date/year known: \_\_\_\_\_  
\_\_\_\_\_

Are immunisations up to date? Yes  No

Do you smoke? Yes  No  Previous smoker? Yes  No  Year of quitting: \_\_\_\_\_

Do you drink alcohol? Yes  No  If so, how many drinks per day? \_\_\_\_\_ Per week? \_\_\_\_\_

I wish to use **St. Andrews Health** as my Regular Provider of GP Services.

**The GP's from St. Andrews Health** has my consent to perform and bulk bill the following Item Numbers to Medicare ( **No Out of Pocket Cost**).

**1. Immunization**

*a. Influenza Immunization (Circle your choice)*

YES NO

*b. COVID-19 Immunization (Circle your choice)*

YES NO

*c. RSV Immunization (Circle your choice)*

YES NO

*d. Pneumococcal Immunization (Circle your choice)*

YES NO

*e. SHINGRIX Immunization (Circle your choice)*

YES NO

**2. Residential Medication Management Review (RMMR) Programme - Medicare Item Number 903**

A Residential Medication Management Review (RMMR) is a service provided to a permanent resident of an Australian Government-funded aged care facility. It is conducted by an accredited pharmacist when requested by a resident's GP and undertaken in collaboration with the resident's GP and appropriate members of the resident's healthcare team. A comprehensive assessment is undertaken to identify, resolve and prevent medication-related problems and is provided to the resident's GP.

**3. Case Conference - Medicare Item Numbers 735, 739, 743, 747, 750, 758**

Attendance by a general practitioner, as a member of a multidisciplinary case conference team, to organise and coordinate:

- (a) a community case conference; or
- (b) a multidisciplinary case conference in a residential aged care facility; or
- (c) a multidisciplinary discharge case conference.

**4. Care Plan Contribution - Medicare Item Number 731**

Contribution by a general practitioner to:

- (a) a multidisciplinary care plan for a patient in a residential aged care facility, prepared by that facility, or to a review of such a plan prepared by such a facility; or
- (b) a multidisciplinary care plan prepared for a patient by another provider before the patient is discharged from a hospital, or to a review of such a plan prepared by another provider

**5. Comprehensive Medical Assessment (CMA) - Medicare Item Numbers 701, 703, 705, 707**

A medical practitioner may select MBS item 701 (brief), 703 (standard), 705 (long) or 707 (prolonged) to undertake a comprehensive medical assessment for a permanent resident of an aged care facility depending on the length of the consultation and complexity of the patient’s presentation.

**6. Routine Visits to Aged Care - Medicare Item Numbers 90001, 90020, 90035, 90043, 90051**

Professional attendance by a general practitioner at a residential aged care facility to residents of the facility during normal working hours

**7. After-Hours Routine Visits to Aged Care - Medicare Item Numbers 5010, 5028, 5043, 585, 599**

Professional attendance by a general practitioner at a residential aged care facility to residents of the facility after-hours

**8. Consent for Transcribing Notes** by general practitioner at residential aged care facilities

I agree that the above is a true and accurate record. By providing my information here I consent to its use under the Privacy Act 2001.

I understand that a copy of this completed form will be stored electronically. This form is a guide only and you should discuss any relevant matters with your Medical Practitioner prior to the commencements of any treatments.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_