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Women's Health Road  
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## New Patient Registration Form

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

Title (please circle): Mrs Ms Miss Dr Other: \_\_\_\_\_

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

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

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

Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Consent for SMS appointment reminders

Email: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Ref No: \_\_\_\_\_ Expiry Date \_\_\_\_\_

Private Insurance: Yes  No  Health Fund Name: \_\_\_\_\_

Membership number: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

### **Patient history**

Current health problems:

Past medical problems:

Family history of any health conditions?

Current medications:

Allergies and what happens when exposed: *(include any adverse drug reactions)*



Are you currently working?  Yes  No

If **YES**, please provide detail (e.g., full- or part-time, occupation)

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**Lifestyle -**

Do you currently smoke? Yes  No

Do you take any recreational drugs? Yes  No

Do you drink alcohol? Yes  No

If **YES**, please provide detail – how often do you drink alcohol? How much would you drink?

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How many hours of physical activity do you do on an average week? \_\_\_\_\_ hours

How many servings of fruit and vegetables do you eat per day on average? \_\_\_\_ Fruit, \_\_\_\_ Vegetables

Do you identify as-  
Aboriginal? Yes  No

Torres Strait Islander? Yes  No

In order to comply with the **Health Records and Information Privacy Act 2002** (NSW), your consent is required to collect and use personal and health information for the purposes below:

- Administrative purposes
- Billing purposes (including compliance with Medicare and Health Insurance Commission requirements)
- Disclosure to others involved in your healthcare, e.g. your GP/referring doctor, other relevant specialists
- To comply with any legislative or regulatory requirements, such as notifiable diseases.
- For reminders and recalls which may be sent to you regarding your health care and management.

We use an automated medical note-taking transcription software, Heidi Health, to assist in improving the quality and accuracy of clinical notes. All your data is encrypted and stored securely in Australia.

You can decline to have your health information used in all or some of the ways outlined above but it may influence our ability to manage your health care to provide the best outcome for you. Please be assured that your information will be stored securely as per the **Australian Privacy Principles**.

I, \_\_\_\_\_ consent to Women's Health Road clinicians and practice staff to use my information for the purposes listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_