

# Patient update form

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We are committed to providing our patients with the best care. To do this it is essential that your health record is accurate. We are currently requesting for all patients of Dubbo Family Doctors to update their personal details. We thank you for your assistance.

Please complete the following:

<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Consent for contact via Email or SMS</b>	I hereby consent for staff at Dubbo Family Doctors to contact me via Email or SMS. Email Address : Mobile phone number : Signature :

## **Reminder Systems:**

As a standard part of our provision of high quality care , our practice provides our patients with preventative care and health review reminders e.g. immunisations, pap smears, annual wellness checks, skin checks, Keep Well visits.

**Do you provide consent to be contacted with health reminders relevant to you?**

Yes       No

## **Cultural Identity:**

**To help us to tailor appropriate care, and to assist with health initiatives that may be available to you, what is your cultural background?**

- Non- Aboriginal Australian  
 Aboriginal / Torres Strait Islander Australian  
 Other – Please specify e.g. Italian, Chinese, \_\_\_\_\_

## **Research and Quality Programs:**

Our practice undertakes research, professional development, and quality assurance and improvement activities to improve patient care. Confidentiality and privacy will be maintained.

**Do you consent to your health record being reviewed as part of the research and quality improvement activities at our practice?**

Yes       No

## **Third Party Consent:**

**If you wish to authorise a third party to access information on your behalf please give their details:**

**Name** \_\_\_\_\_ **Relationship to you** \_\_\_\_\_

**Phone contact number** \_\_\_\_\_

**Signature of patient or guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

