



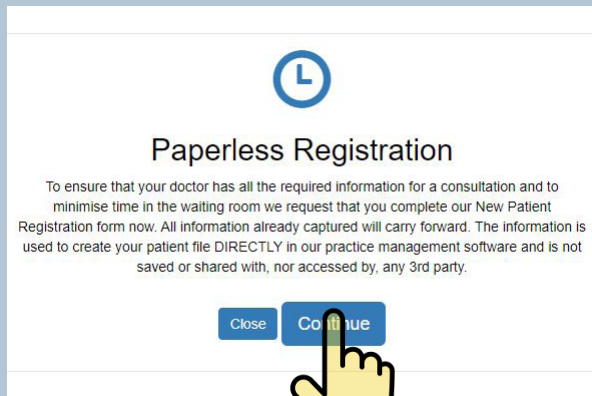
PIONEER HEALTH
ALBANY

Guide to completing the online
new patient registration form.

If you are a new patient who has booked an appointment at Pioneer Health, you will be prompted to fill out our New Patient Registration form. You can do this by either;

1

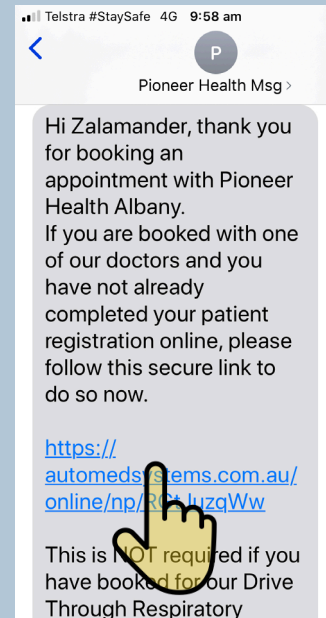
Clicking **CONTINUE** when prompted after booking your appointment online.



OR

2

Clicking on the link you will receive after you've booked your appointment.



Continue through the prompts, filling out the fields as required.

New Patient Registration

Step 1

Title *
Mr.

First Name *
Zalamander

Middle Name
Test

Last Name *
Zeus

Next

New Patient Registration

Step 2

Date of birth *
1 January 1990

Gender *
 Male Female

ATSIC (Aboriginal/Torres Strait Islander Status) *
Non Aboriginal/Torres Strait Islander

Ethnicity

Back Next

New Patient Registration

Step 3

Medicare No.
2222211111

Line No.
1

Valid To
01-2022

Do you have a Concession Card ?
- -

Back Next

New Patient Registration

Step 5

Home address.
Search your address here

Address *
5 Lorax Lane

Suburb *
Albany

Postcode *
6330

Back Next

New Patient Registration

Step 7

Home Phone
Enter Home Phone

Work Phone
Enter Work Phone

Mobile *
0402914370

I consent to the practice contacting me by SMS and or email for the purposes of health information and appointment reminders.

Back Next

New Patient Registration

Step 8

Emergency Contact

First Name *
Enter First Name

Last Name *
Enter Last Name

Contact No. *
Enter Contact No.

Back Next

Continue through the prompts, filling out the fields as required.

New Patient Registration

Step 9

Next of Kin

Same as emergency contact.

First Name *

Enter First Name

Last Name *

Enter Last Name

Contact No. *

Enter Contact No.

New Patient Registration

Demographic - Step 11

Marital Status *

Select

Occupation *

Occupation

New Patient Registration

Allergy - Step 12

Do you have any allergies or adverse reactions to medication, products foods etc?

* Yes No

New Patient Registration

Clinical - Step 13

Do you smoke? * Yes No

Have you quit smoking? * Yes No NA

How often do you have a drink containing alcohol?

*

Select

New Patient Registration

Marketing - Step 16

How did you hear about us? *

Select

Be sure to scroll to the bottom of the Terms and Conditions screen to enter your response.

New Patient Registration

Terms & Conditions

Consent:

A copy of our Personal Health Information (Privacy) Policy is available on request.

Your personal information is kept private and secure, as required by federal and state privacy laws.

If you have any concerns please discuss them with your GP.


Pioneer Health uses emails for periodic health alerts and SMS services for appointment reminders, result notifications and correspondence; you may unsubscribe from these services at any time.

I consent to the disclosure and/or use of my personal health information by Pioneer Health and other health providers directly or indirectly involved in my personal health care or medical treatment.

Pioneer Health provides aggregated, de-identified health data to the WA Primary Health Alliance for population health review purposes.

A number of our GPs work at the Albany Health Campus Emergency Department. In the event that one of our patients present to the emergency department, our GPs working at ED may access their health record to provide optimal care. If you do not wish for this to occur, please advise reception or your GP

This data contains no information that is identifiable to an individual patient and is sent securely with encryption. For further information or to read our full privacy policy, please ask one of our friendly receptionists.



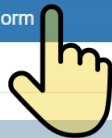
Sign your name using your mouse or your finger. Click on **SUBMIT FORM**

New Patient Registration ✕

Please sign by holding in the left button of your mouse and dragging it in the form of your signature. If you'd like another go at it select **Reset Signature**.


Reset Signature

Submit Form



You will see this message when you have successfully submitted your New Patient Registration Form

New Patient Registration ✕



Thank you, Submission Successful

Please click on the cross in the top right corner to close this screen and to view your appointment details.