**New patient information sheet**

**[This is a template that needs to be modified for your own use. You can add or remove information as required.]**

Dr [first name and surname]

[Qualifications, e.g. MBBS, MB ChB, FRANZCP]

[Iwi/ hapu affiliations e.g ngāi Tūhoe or Pacific affiliations]

Consultant Psychiatrist, specialising in [ … ]

[Optional - positions, e.g. lecturer at [name of institution]

[Consulting rooms address]

[Phone number(s)]

[Correspondence address]

[Email address]

[Website address]

Health Provider No:

[ABN]

**Practice profile**

*(Provide overview of practice and health practitioners, areas of specialisation).*

**Initial consultation**

Please arrive XX minutes prior to your first consultation to fill out new patient forms. You may wish to invite a family/whānau member or support person to accompany you during the appointment. If you are under 18 years of age, it is recommended that you bring your parent or guardian with you to the appointment.

**Referrals**

Please bring the referral from your referring medical practitioner to your first consultation.

**Insurance claims**

Patients with an approved insurance claim that covers psychiatric consultations (e.g. TAC, Workers’ Compensation or Comcare) need to provide a letter of approval from their insurance company, which confirms the cover of consultation fee and the claim details.

**Payment**

Full payment is required at the end of each consultation. Payment can be made by cash, EFTPOS or credit card.

**Cancellation fees**

Please provide at least 24 hours’ notice if you are unable to attend an appointment. You may [will] incur a fee for failure to do so or non-attendance.

**Medicare (Australia only)**

Medicare rebates apply to consultations with a consultant psychiatrist but the rebates may not cover the entire cost of the consultation. As such, you may incur out-of-pocket expenses for each consultation.

The practice has online facilities to submit your claim to Medicare on your behalf. Once Medicare has processed the claim, the rebate will be deposited electronically into your bank account.

Patients who see medical practitioners frequently may reach the Medicare Safety Net threshold at which point Medicare will increase the rebate for health services outside of a hospital to cover 80% of their out-of-pocket expenses for the remainder of the calendar year.

Visit [www.humanservices.gov.au](http://www.humanservices.gov.au) for more information about Medicare.

**Appointment fees and Medicare rebates (Australia only)**

Below is a table of consultation fees, including the associated Medicare rebate. Please note some of the consultation time may be spent writing letters to other health care professionals, such as your patient’s general practitioner.

|  |  |  |
| --- | --- | --- |
| **Medicare item no.** | **Fee** | **Medicare rebate\*** |
| 296 (initial consultation) |  |  |
| 300 (consultation < 15 mins) |  |  |
| 302 (consultation 16–30 mins) |  |  |
| 304 (consultation 30–44 mins) |  |  |
| 306 (consultation 45–74 mins) |  |  |
| 308 (consultation > 75 mins) |  |  |
| 291 (opinion & report) |  |  |
| 293 (review of Item 291) |  |  |

\*rebates current at XX-XX-2016

If you anticipate difficulty in meeting these fees, please discuss your concerns with the Practice Manager prior to your attendance or with your psychiatrist at your first appointment.

**Private Health Insurance**

Private health insurance rebates are not available for your consultations as they only apply to inpatient treatment in a private hospital.

**Written reports**

Extensive written reports, such as those for legal matters, will incur a fee and will be discussed with you upon request.

**Availability**

Dr [surname] will discuss this at your first appointment.

**Parking**

Undercover/Free/metered parking is available at …

**Public transport**

The clinic is XX minutes’ walk from XX station. Alternative modes of public transport are the no. X bus/alight at [ … ]

**Consent to release and obtain clinical information**

To complete a comprehensive assessment and coordinate ongoing shared care arrangements, Dr [surname] may need to liaise with a family member/friend and other health professionals. Alternatively, another health care providers may wish to obtain information about you from Dr [surname]. You can assist this process by signing a form

*Consent to obtain and release relevant clinical information form*. Dr [surname] will discuss this matter with you.