



MIND & BODY CARE INTEGRATIVE MEDICAL CENTRE

New Patient Registration Form

Title (please circle) Dr/ Mr/ Mrs/ Ms/ Miss/ Mstr/ Rev/ Sr/other _____

Given Names: _____ Surname: _____

Preferred Name: _____ Gender: _____

D.O.B: _____ Place of Birth _____

Home Address: _____

Suburb: _____ Postcode: _____

Mobile No: _____ Home Ph. No. _____

Work Ph. No. _____ Email: _____

Do you consent to the use of Email communication knowing that it is not 100% secure? _____

Occupation: _____ Where is your work: _____

Marital Status: _____ No. of Children _____ I live with: _____

Religion: _____ Values, beliefs and rules you live by: _____

Postal Address (if different from above):

P O Box/Street: _____

Suburb: _____ Postcode: _____

Cultural Background: Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander

Other Please specify _____ Do you need interpreter? Y/N Language _____

If we need to contact you, what is your preferred method of contact?

Home Phone Mobile Phone Email Mail

Medicare Card _____ Health Care Card _____

Pension Card _____ Private Health Fund Name _____

Private Health fund Number _____ DVA _____

Next of Kin/Emergency Contact

Given Names: _____ Surname: _____

Phone No: _____ Relationship: _____

Address: _____ D.O.B: _____

Do you have a Medical Directive? Y/N _____

Do you have a Medical POA? Y/N _____

Please list & bring all your medications (prescribed, herbal, injectable, inhaled, cream, etc.):



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Do you have any illnesses or medical conditions we need to be aware of (tick below)?

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Angina | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bleeding tendency | <input type="checkbox"/> Stomach Ulcer | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Currently pregnant | <input type="checkbox"/> HIV | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Other – provide relevant details below | | |

Do you have any allergies or are you sensitive to drugs, dressings, foods or other substances?

- Yes (if yes, please list below) No

Have you had any surgery before? Yes (if yes, please list below) No

Do you smoke? Yes (please elaborate below) No

Do you drink alcohol? Yes (please elaborate below) No

Do you take other drugs? Yes (please elaborate below) No

Do you do regular exercise? Yes (please elaborate below) No

Do you do regular meditation? Yes (please elaborate below) No

Do you eat a healthy diet? Yes (please elaborate below) No

Do you sleep well? No (please elaborate below) Yes



MIND & BODY CARE INTEGRATIVE MEDICAL CENTRE

The nature of the operation of this centre

Welcome to Mind & Body Care Integrative Medical Centre. We are here to help you achieve and maintain your optimum level of health by focusing on both your physical and metaphysical needs. Optimum health will only be achieved and maintained if a person considers and nourishes these two components that make a human being. True health cannot be given; it can only be obtained. The benefits of our efforts without yours, will be extremely limited. Health needs to be valued and prioritized for it to be maintained. You need to be proactive towards your health rather than reactive.

Please take note of the following:

✓We are here to guide you and do what we can to help you deal with your health concerns. But we need you to put your best efforts alongside ours for you to get the best value. You may only want us to focus on your physical parameters. This is absolutely fine, but you need to be aware that this approach most likely will cost you more in the long run and its benefits will be short lived. On the other hand, by focusing on both the physical and metaphysical parameters, the benefits will be long lived, and it is anticipated that you would save on costs in the long term.

✓There is only one doctor working at this centre, Dr Ahmad Hilli. He will only be working part time at this stage, and he cannot always be available. The days that he will be working at the centre will be variable, but you can find out by calling us (9am-5pm Mon-Fri) or booking your own appointment online (when available). Being a solo doctor, there are many instances that the centre will be closed for an extended period including annual leave, conferences and family commitments.

✓This centre focuses on Acupuncture, Mind-Body Medicine, and Lifestyle Medicine. Even though Dr Ahmad Hilli is a General Practitioner, this centre is not a General Practice. Dr Ahmad Hilli is more than happy to be your acupuncturist and coach, but he cannot be your general practitioner for the reasons mentioned above as well as he wants to focus on aspects of medicine that he is interested in, and to help patients access services that are not widely available. Because of that, you need to have your own General Practitioner or a general practice to help you with your day-to-day medical needs.

✓The centre will not be involved in any third-party claims or certificates like Centrelink, Work Cover or TAC, etc. But you are welcomed to get the treatment, pay your full account, and claim it from your employer or insurer and your GP will decide on your fitness for work.

In conclusion, the way this centre is designed to operate may not suite every individual for one reason or another. Nonetheless, there will always be a way that we can help you with to maintain and improve your health, but it needs to be in a mutually agreeable and respected manner.

Please discuss with us any question or concern that you may have. We are more than happy to answer your queries. Once satisfied with our answers or if you have no concerns or questions, please sign the section below:

I _____ have read and understood the nature of operation of this centre. My queries and concerns have been addressed and resolved.

Patient's Name (please print): _____

Signature: _____ Date: _____

If not the Patient signing – Your relationship: _____



MIND & BODY CARE INTEGRATIVE MEDICAL CENTRE

Your Health Information – Please refer to the Privacy Policy on our website

(www.mindandbodycare.com.au) under “documents” for further information.

To enable ongoing care and total quality improvement within this practice and in keeping with the Privacy Act (1988) and the [Australian Privacy Principles](#), we wish to provide you with sufficient information on how your personal health information may be used or disclosed and record your consent or restrictions to this consent.

Your personal health information will only be used for the purposes for which it was collected, or as otherwise permitted by law and we respect your right to determine how your personal health information is used or disclosed.

The information we collected may be collected by a number of different methods and examples may include: medical test results, notes from consultations, Medicare and health insurance details, data collected from observations and conversations with you, and details obtained from other health care providers (e.g. specialist correspondence).

By signing below, you (as a patient/guardian) are consenting, that on obtaining your personal health information it may be used or disclosed by the practice for the following purposes:

- follow up reminder/recall notices for treatment and preventive healthcare;
- for accounting procedures and the collection of professional fees;
- the diagnosis and treatment of any health condition, including the communication of relevant information only, to practice staff, specialists and other healthcare providers to ensure quality care is provided;
- Accreditation and Quality Assurance activities are conducted by professionally trained non-treating GPs and other professionally trained and qualified persons, e.g. General Practice Managers;
- For legal related disclosures as required by Court of Law;
- For the purposes of research where de-identified information is used;
- To allow medical students and staff to participate in medical training/teaching using only de-identified information;
- For disease notification as required by law;
- For use when seeking treatment by other doctors in this practice.

At all times, we are required to ensure your details are treated with the utmost confidentiality. Your records are very important, and we will take all steps necessary to ensure they remain confidential.

I, _____, give my permission for my/my dependent's personal health information to be collected, used and disclosed as above. I understand only my relevant personal health information will be provided to allow the above actions to be undertaken and I am free to withdraw, alter or restrict my consent at any time by notifying this practice in writing.

Patient's Name (please print): _____

Signature: _____ Date: _____

If not the Patient signing – Your relationship: _____



Practice fees – Informed financial consent

Medicare rebate is a Federal Government initiative to help patients with their medical expenses. The rebate amount depends on what item number (or numbers) the doctor thinks would be most appropriate for the clinical encounter. The choice of item number (or numbers) and the amount of the rebate depends on many factors. Some of these factors include:

- ✓Time spent with the patient
- ✓Type of topics discussed
- ✓Whether Medicare Safety Net has been reached
- ✓The type of the procedure performed
- ✓Where the service occurred (clinic, hospital, home)
- ✓Complexity of the consultation
- ✓Time and day the consultation occurred
- ✓Any procedure performed
- ✓Any test performed
- ✓Other factors.....

For the year 2024, the Extended Medicare Safety Net (EMSN) is \$811.80 for concessional individuals and their family (those that are Commonwealth concession cardholders and/or families who receive Family Tax Benefit (Part A)), and \$2544.30 for non-concessional individuals and their family. Please ensure that you register as a family with Medicare and link your Medicare account with your Centrelink account. Telehealth is bulk billed. Fees will be index yearly in July, in accordance with Medicare indexation and/or CPI. Below are the most common amounts that you will be charged.

Appointment type	Clinic fee	Rebate before EMSN reached	Gap before EMSN	Rebate after EMSN reached	Gap after EMSN	Financial difficulty standard	Financial difficulty moderate	Financial difficulty extreme
Standard – up to 25 minutes	193.56 - 380.84	40.75 - 80.10	152.81 – – 300.74	163 – 320.40	30.56 – 60.44	100	60	
Long – up to 50 minutes	375.01 – 560.50	78.95 – 118.00	296.06 – – 442.50	315.8 – 472.0	59.21 – 88.5	150	90	
Extended – up to 75 minutes including WCA	551.95 – 908.2	116.2 – 191.2	435.75 – – 717.00	464.8 – 691.2	87.15 – 217.0	200	120	

If you are experiencing financial difficulty, please discuss with me and I will be more than happy to help you in your difficult circumstances by agreeing on a maximum out of pocket gap. You will continue to pay up to this gap amount even after reaching your EMSN.

Please discuss with me if you have any questions or needing any clarification about the fees or appointment structure. Please note fees should be settled on the day using card payment only.

I have read and understood the appointment and fee structures and the scope of practice for this clinic. I will be responsible for paying all the costs as per the above schedule. My questions and concerns have been addressed and resolved.

Sign:

Date: