

How To Book an Appointment using Healthengine

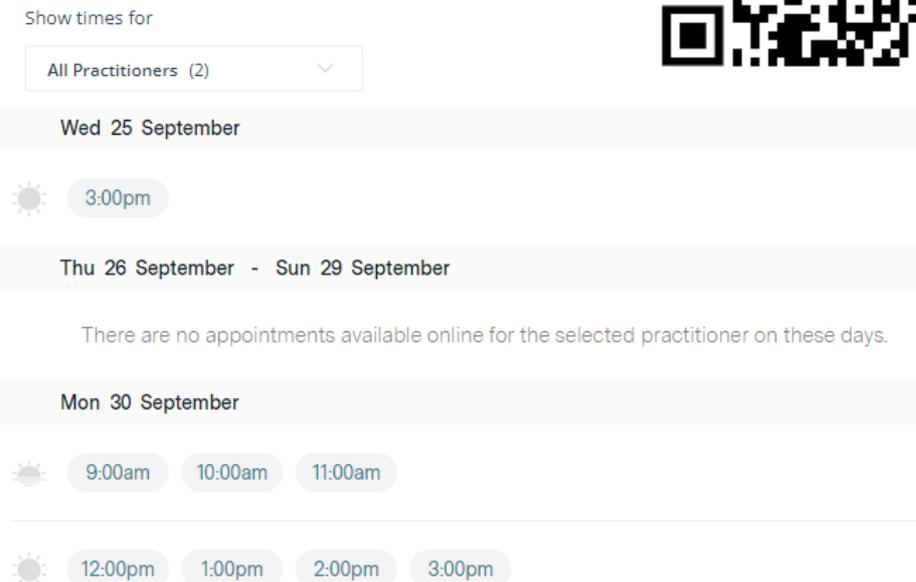
For RFDS HOC Patients in the Barcoo Region

Scope

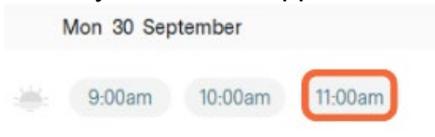
This guide details the patient booking process for RFDS (Queensland Section) patients to use to book their own appointments directly with the RFDS (Queensland Section) Charleville HOC clinic.

Process

1. Scan the QR code or open the link to your required clinic location.
 - HOC Barcoo: <https://healthengine.com.au/book/98317>
2. You will be shown the Healthengine appointment booking page.

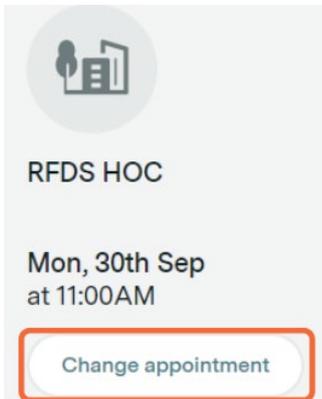


3. Select your desired appointment by clicking on an available appointment on this page.



4. Your selected appointment location, date and time will be displayed in the sidebar. You can select 'Change Appointment' to choose a different appointment if desired.

Note: The 'HOC' location is for the Healthy Outback Communities telehealth service.



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5. Review the practice details and click Continue.

About this practice

Billing policy

RFDS (Queensland Section) provides services using a combination of bulk billing and commonwealth funding. Patients are not charged directly for these services.

Cancellation / non-attendance policy

If you can no longer attend your appointment, please cancel or reschedule through your confirmation email or Healthengine app, or by calling 1300 680 834.

New patient policy

If you are a new patient, please complete the new patient form online before your appointment. You can access it on the booking confirmation page or through your confirmation email.

 Bookings are secure and confidential

Continue

6. Select who this appointment is for, whether you are a new or existing patient, and your required appointment type. Click 'Continue'.

Note: If you are booking for 'Someone else', the additional question 'Communication – Who should receive the booking confirmation and reminder emails?' will be presented. Select whether you wish for the correspondence to be sent to the person making the appointment, the patient, or both.

Who is this appointment for?

Myself Someone else

Have you attended RFDS HOC before?

No, I'm new to this practice Yes, I'm an existing patient

What type of appointment do you need?

Wellness Plan Intake Phone

Continue

Who is this appointment for?

Myself Someone else

Has the patient attended RFDS HOC before?

No, they're new to this practice Yes, they're an existing patient

What type of appointment does the patient need?

Wellness Plan Review Phone

Communication

Who should receive the booking confirmation and reminder emails?

Me Patient Both

Continue

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- You will be shown a pop-up with details regarding the Healthy Outback Communities program and the RFDS Virtual Health and Wellbeing Hub. Click 'I understand' to proceed.



Important information

Welcome to the RFDS Virtual Health and Wellbeing Hub for the Healthy Outback Communities program in Barcoo Shire.

Healthy Outback Communities (HOC) is a new approach to health and wellbeing for Western Queensland's channel country region.

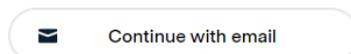
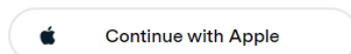
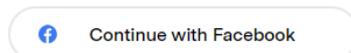
Led by RFDS (Queensland Section), the Hub is a free confidential telehealth service. Attend your phone or video appointment to create your plan with the HOC Wellbeing Team, made up of RFDS doctors and nurses. Attend regular review appointments with the HOC Wellbeing Team to review and track your progress.



- You can choose to login or sign up to Healthengine or continue as guest. Almost there!

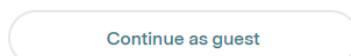
Log in with Healthengine to book faster with your saved details

- ✓ Book appointments and complete online forms faster with saved details
- ✓ Save your favourite healthcare providers
- ✓ Manage your appointments easily



Don't have a Healthengine account? Sign up to book faster next time

OR

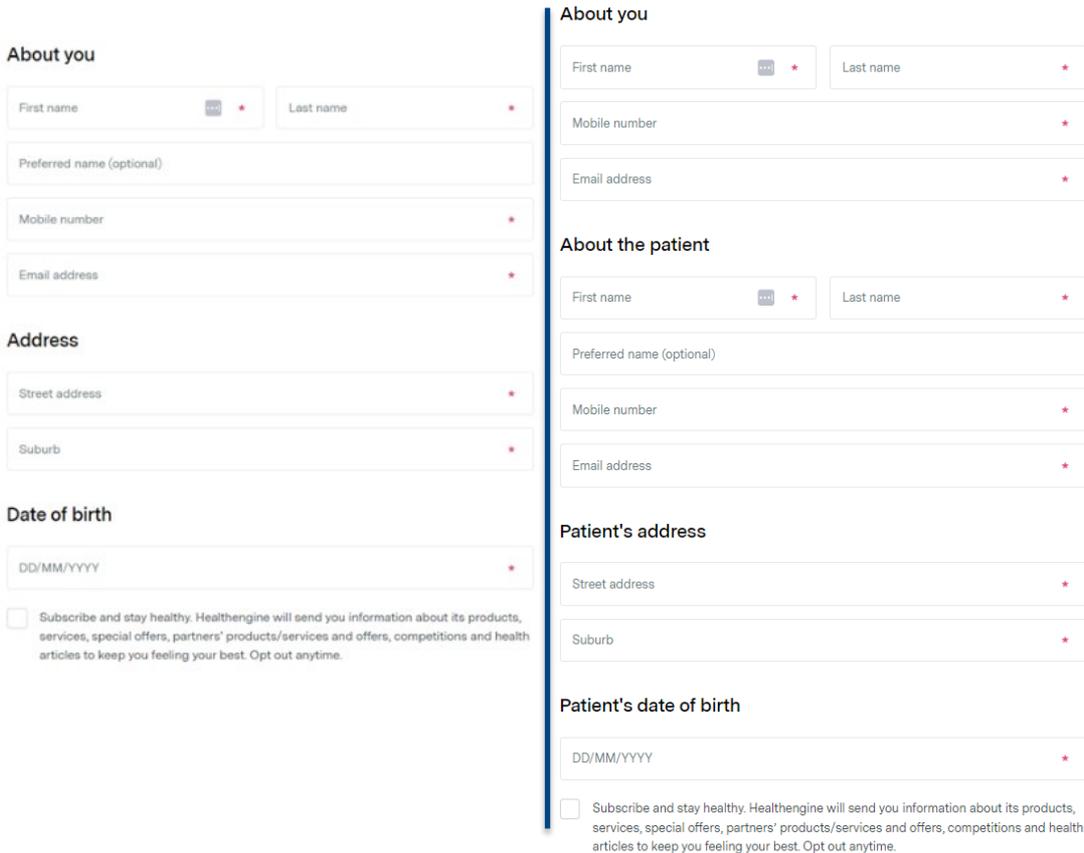


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9. Enter your (or, if booking on behalf of someone else, the patient's) details – First name, Last name, Preferred name (optional), Mobile number, Email address, Street address, Suburb, and Date of Birth. You can also choose whether you'd like to subscribe to the Healthengine mailing list; to opt-in, tick the box.

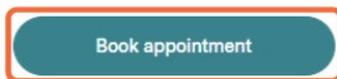
Note: If you are booking on behalf of someone else, you will also be required to enter your First name, Last name, Preferred name (optional), Mobile number and Email address.



The screenshot displays a two-column form for booking an appointment. The left column contains the 'About you' section with fields for First name, Last name, Preferred name (optional), Mobile number, and Email address. Below this is the 'Address' section with fields for Street address and Suburb, and a 'Date of birth' section with a DD/MM/YYYY field. At the bottom of the left column is a checkbox for 'Subscribe and stay healthy'. The right column contains the 'About the patient' section with fields for First name, Last name, Preferred name (optional), Mobile number, and Email address. Below this is the 'Patient's address' section with fields for Street address and Suburb, and a 'Patient's date of birth' section with a DD/MM/YYYY field. At the bottom of the right column is another checkbox for 'Subscribe and stay healthy'.

10. Click 'Book appointment'.

By continuing with your booking, you agree to Healthengine's Terms of Use, Privacy Policy and Collections Notice and receiving information regarding your booking and related Healthengine services. When using Healthengine's online booking system, Healthengine may use your personal information to serve you with more personalised and relevant content on our platform.



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11. You will be shown your appointment confirmation. From this page you can choose to change or cancel your appointment if needed by clicking the 'Change' or 'Cancel' buttons.

✔ All confirmed!

Mon 30 Sep at 11:00am (AEST)

👤 HOC Doctor

📍 [1 John Flynn Way, Charleville 4470](#)

Next step

Complete your new patient form

Fill out your new patient form online *before your appointment*. It will only take 5 minutes.

Start the form

Your confirmation email is on its way.

Here's what happens next...

HOC Doctor from RFDS HOC will call *****18 on Mon 30 Sep at 11:00am (AEST)

📅 Add to calendar

❤ Save your regular practitioner

Having second thoughts?

✎ Change

Cancel

12. If you are a new patient, you will see the new patient form link. This will also be sent to you in an SMS; you may complete this form at a separate time. Click 'Start the form' to fill out the new patient form.

Note: Please ensure this form is completed before your appointment.

Next step

Complete your new patient form

Fill out your new patient form online *before your appointment*. It will only take 5 minutes.

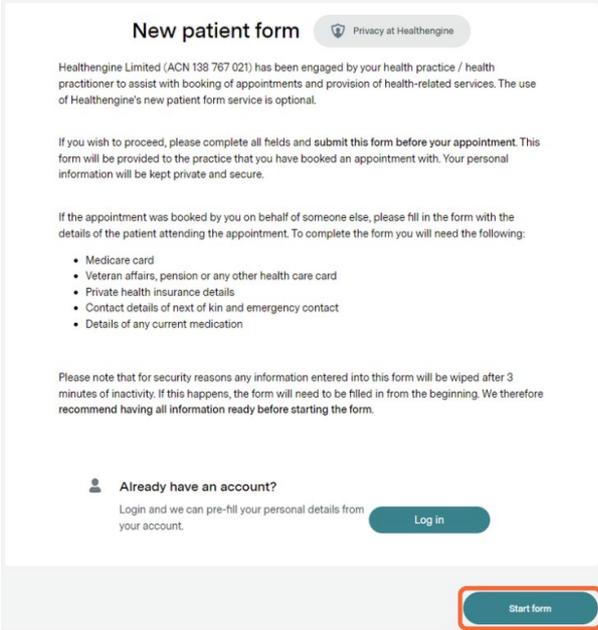
Start the form

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13. Review the new patient form details and click 'Start form'.

Note: If you have a Healthengine account, you may login to pre-fill some of these details.



New patient form [Privacy at Healthengine](#)

Healthengine Limited (ACN 138 767 021) has been engaged by your health practice / health practitioner to assist with booking of appointments and provision of health-related services. The use of Healthengine's new patient form service is optional.

If you wish to proceed, please complete all fields and submit this form before your appointment. This form will be provided to the practice that you have booked an appointment with. Your personal information will be kept private and secure.

If the appointment was booked by you on behalf of someone else, please fill in the form with the details of the patient attending the appointment. To complete the form you will need the following:

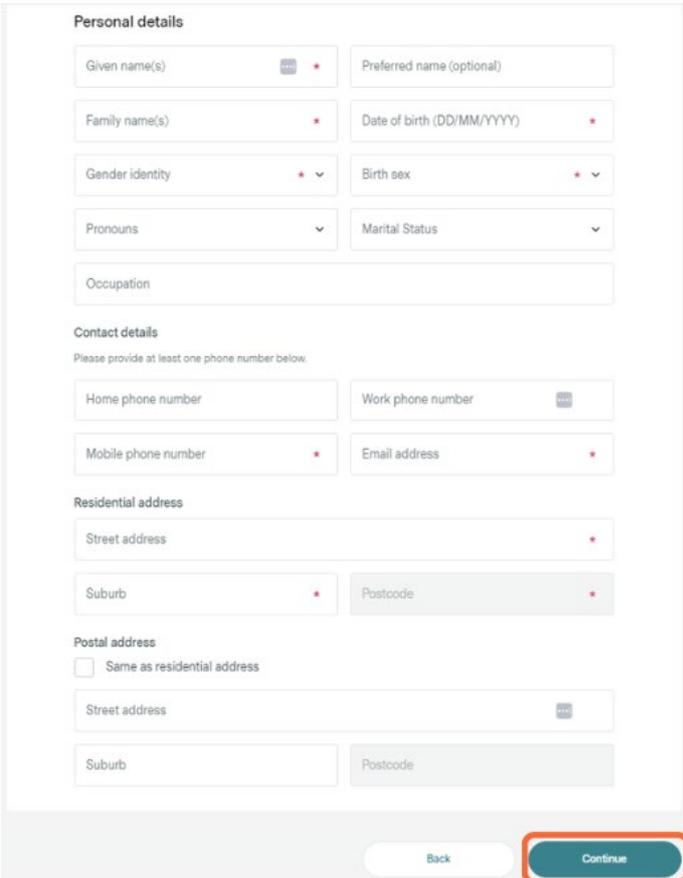
- Medicare card
- Veteran affairs, pension or any other health care card
- Private health insurance details
- Contact details of next of kin and emergency contact
- Details of any current medication

Please note that for security reasons any information entered into this form will be wiped after 3 minutes of inactivity. If this happens, the form will need to be filled in from the beginning. We therefore recommend having all information ready before starting the form.

 **Already have an account?**
Login and we can pre-fill your personal details from your account. [Log in](#)

[Start form](#)

14. Enter your Personal details, Contact details, Residential address and Postal address. Click 'Continue'.



Personal details

Given name(s)  * Preferred name (optional)

Family name(s) * Date of birth (DD/MM/YYYY) *

Gender identity * v Birth sex * v

Pronouns v Marital Status v

Occupation

Contact details

Please provide at least one phone number below.

Home phone number Work phone number 

Mobile phone number * Email address *

Residential address

Street address *

Suburb * Postcode *

Postal address

Same as residential address

Street address 

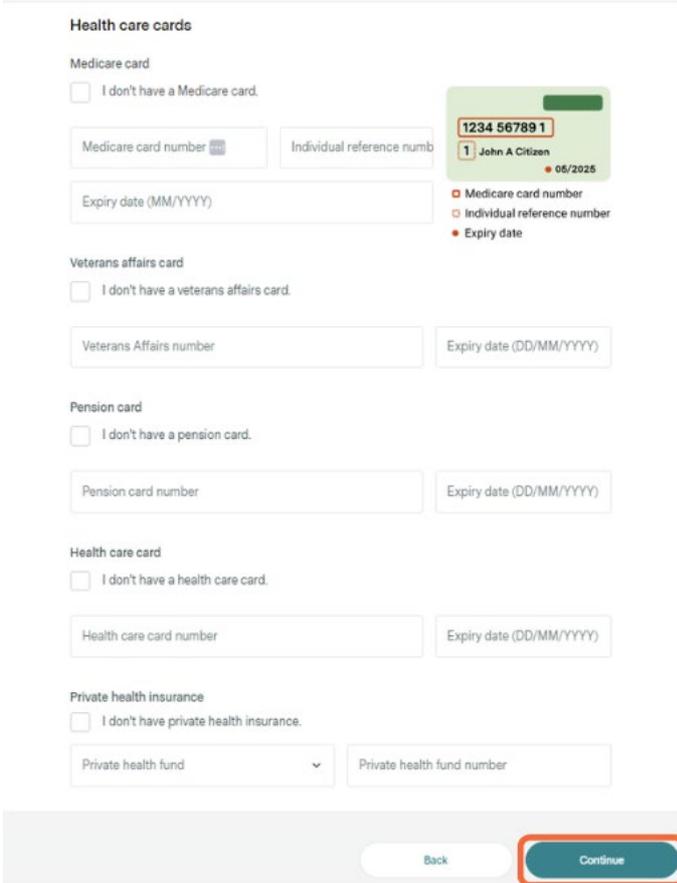
Suburb Postcode

[Back](#) [Continue](#)

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15. Enter your healthcare card information. Click 'Continue'.



Health care cards

Medicare card

I don't have a Medicare card.

Medicare card number Individual reference numb

Expiry date (MM/YYYY)

Veterans affairs card

I don't have a veterans affairs card.

Veterans Affairs number Expiry date (DD/MM/YYYY)

Pension card

I don't have a pension card.

Pension card number Expiry date (DD/MM/YYYY)

Health care card

I don't have a health care card.

Health care card number Expiry date (DD/MM/YYYY)

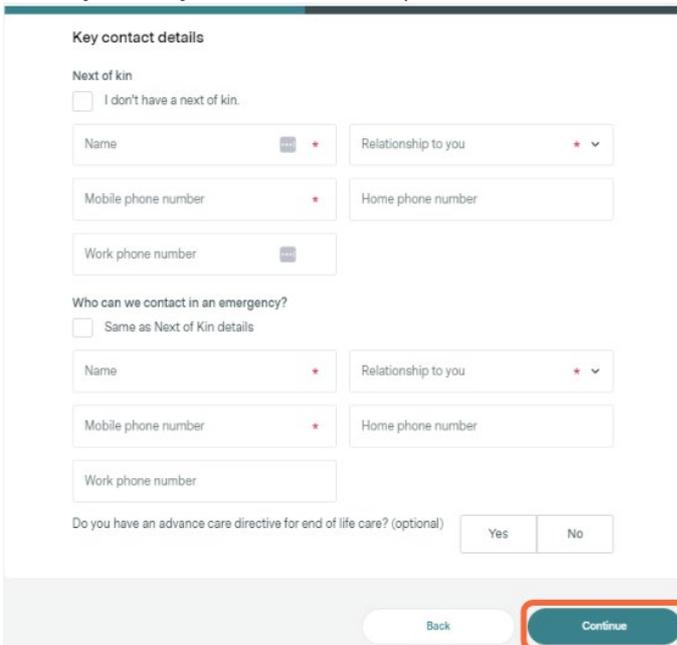
Private health insurance

I don't have private health insurance.

Private health fund Private health fund number

Back Continue

16. Enter your key contact details (Next of Kin and Emergency Contact). Click 'Continue'.



Key contact details

Next of kin

I don't have a next of kin.

Name Relationship to you

Mobile phone number Home phone number

Work phone number

Who can we contact in an emergency?

Same as Next of Kin details

Name Relationship to you

Mobile phone number Home phone number

Work phone number

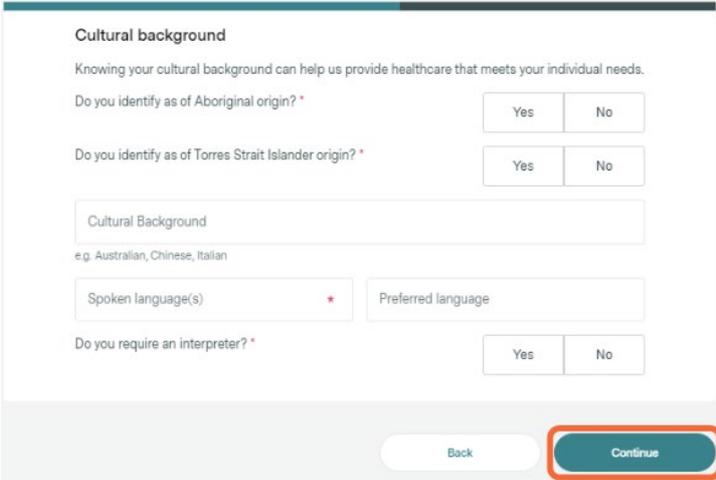
Do you have an advance care directive for end of life care? (optional) Yes No

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17. Enter your cultural background details. Click 'Continue'.



Cultural background

Knowing your cultural background can help us provide healthcare that meets your individual needs.

Do you identify as of Aboriginal origin? *

Yes No

Do you identify as of Torres Strait Islander origin? *

Yes No

Cultural Background

e.g. Australian, Chinese, Italian

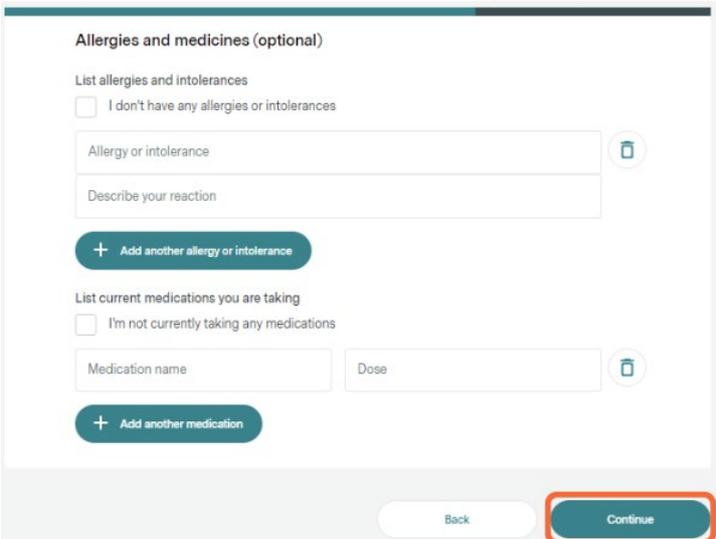
Spoken language(s) * Preferred language

Do you require an interpreter? *

Yes No

Back Continue

18. Enter your Allergies and medicines (optional). Click 'Continue'.



Allergies and medicines (optional)

List allergies and intolerances

I don't have any allergies or intolerances

Allergy or intolerance

Describe your reaction

+ Add another allergy or intolerance

List current medications you are taking

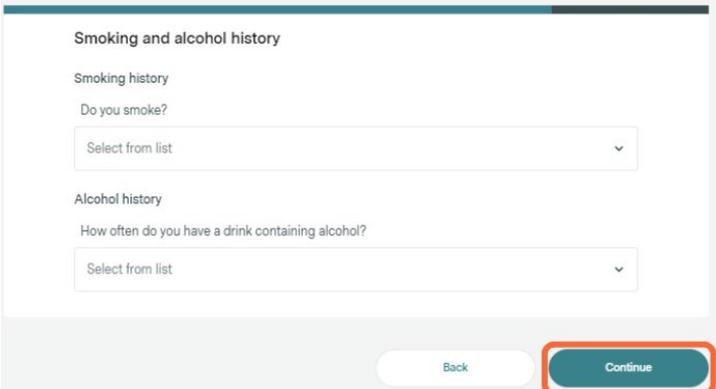
I'm not currently taking any medications

Medication name Dose

+ Add another medication

Back Continue

19. Enter your smoking and alcohol history. Click 'Continue'.



Smoking and alcohol history

Smoking history

Do you smoke?

Select from list

Alcohol history

How often do you have a drink containing alcohol?

Select from list

Back Continue

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20. Answer the remaining 'Additional information' questions. Click 'Continue'.

Additional information

Are you registered for the Closing The Gap program? (Aboriginal and/or Torres Strait Islander only)

Yes
 No

Medical History: Do you have, or have you had, any of the following?

Heart Disease
 Asthma
 Diabetes
 Hypertension (High Blood Pressure)
 Mental Illness
 Chronic Illness
 Cancer
 Surgery / Other

If you selected Cancer or Surgery/Other in the previous question, please provide details.

Family Health History: Do any members of your family have, or have you had, any of the following?

Heart Disease
 Asthma
 Diabetes
 Hypertension (High Blood Pressure)
 Mental Illness
 Cancer
 Other (Significant)

If you selected Cancer or Other (Significant) in the previous question, please provide details.

Do you, or have you had, any history of recreational drug use?

Yes
 No

If you selected Yes in the previous question, specify type and frequency.

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Royal Flying Doctor Service
QUEENSLAND SECTION

21. Review and answer the Consent questions. Click 'Submit'.

Consent

I (as a patient/parent/guardian) consent to the collection of my personal and that it may be used or disclosed by the practice for the following purposes: Administrative purposes in the operation of our general practice; Billing purposes, including compliance with Medicare requirements or WorkCover e.g., Bulk Billing; Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice (this may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals); Accreditation and quality assurance activities to improve individual and community health care and practice management; For legal related disclosure as required by a court of law; For the purposes of research and population health outcomes reporting where only de-identified information is used; To allow medical students and staff to participate in medical training/teaching using only de-identified information; To comply with any legislative or regulatory requirements, e.g. notifiable diseases; For use when seeking treatment by other doctors in this practice. *

Yes No

I consent to being contacted by my health practitioner or their practice by post, email, telephone or SMS with reminders to help me maintain my health, for example preventative care and early case detection reminders (i.e. vaccinations, cervical screening tests), appointment reminders and practice updates.

Yes No

My health practitioner or their practice sends information to the Australian Immunisation Register and National Cancer Screening Register. I consent to being contacted with reminders from these registers.

Yes No

I certify that I have completed this form completely and accurately to the best of my knowledge. *

Yes No

We understand that the confidentiality and security of your personal information (including health information) is important to you.

Submitting information via this form is optional. However, by proceeding, you:

- acknowledge that your health practitioner and Healthengine Limited (Healthengine) will collect your personal and sensitive information to assist with the booking of appointments and provision of health-related service; and
- agree to Healthengine's [Terms of Use](#), and to Healthengine handling your personal and sensitive information as described in its [Privacy Policy](#) and [Collection Notice](#).

You should also read your health practitioner's privacy policy for information on how the health practitioner will collect, hold, use and disclose your personal and sensitive information.

22. Your new patient form has been sent to the practice.



Your new patient form has been sent to the practice.