Patient Information Form & Privacy Statement

We are committed to providing our patients with the best care. To do this it is essential that your health record is kept up to date and accurate.



TITLE	□ Dr □ Mr □						
		IVIIS IVI	s □ Miss □ Mast □ Other:				
FIRST NAME	MIDDLE NAME						
SURNAME				RRED NAME			
Date of Birth			Sex: □ Male □ Female □ Other				
Ethnicity? Aus	tralian 🗆 Other (please spe	cify):				
Do you identify as	Aboriginal and/o	r Torres Sti	ait Islander?	nal 🗆 Torre	s Strait Islander		
Medicare No.			Position on card		Expiry		
D.V.A No.			□ Gold	□ Gold □ White			
Pension/Health Care Card No:					Expiry		
Residential Addres	SS						
Suburb			Stat	te	Postcode		
Postal Address			Stat	te	Postcode		
Phone Numbers		Home: Mobile: Work:					
Do you consent to	SMS reminders?	Do yo	u consent to SMS Recall & Test Re	eminders? (No	nealth info. Included	in SMS)	
□ Yes □ No		□ Yes	□ No	`		,	
Email Address							
			Would you like to subscribe to our monthly newsletter? □ Yes □ No				
Occupation			, ,				
Next of Kin (NOK)						
Next of Kin Phone:			P	elationshin (N	ηκ)·		
		Relationship (NOK):					
Emergency Contact Name Emergency Contact Phone Number		□ Same as NOK Relationship (EC):					
Emergency Contac	t Phone Number		Relationsn	ip (EC):			
PARENT OR GUARD	IAN DETAILS (Ple	ase compl	ete this section if child is under 17	vears of age)			
TITLE	FIRST	MIDDLE					
SURNAME:	IAME:		PREFERRED NAME				
Date of Birth			Relationship				
Your Medicare				on card	Expiry		
PRIVACY STATEM	FNT						
PRIVACY STATEM Your Medical Rec		ntial Docu	ment. It is the policy of this Pr	actice to main	tain security of per	sonal health	
Your Medical Rec	ord is a Confide		ment. It is the policy of this Pr				
Your Medical Rec	ord is a Confide imes and to ensu	re that thi		uthorised mem	bers of staff. This in	nformation is	
Your Medical Rec information at all t collected in accord consultation is Bull	ord is a Confide times and to ensu lance with the Na k Billed you agree	re that thi tional Prive to assign	s information is only available to a acy Principles and is used to mana your right to benefits to the Practit	uthorised mem nge your health	bers of staff. This in care. By signing this	nformation is form, if your	
Your Medical Rec information at all t collected in accord consultation is Bull	ord is a Confide times and to ensu lance with the Na k Billed you agree	re that thi tional Prive to assign	s information is only available to a acy Principles and is used to mana	uthorised mem nge your health	bers of staff. This in care. By signing this	nformation is form, if your	
Your Medical Rec information at all t collected in accord consultation is Bull view a copy of our	ord is a Confide imes and to ensu lance with the Na k Billed you agree Privacy Policy, pl	re that thi	s information is only available to a acy Principles and is used to mana your right to benefits to the Practithe of our Reception staff.	uthorised mem age your health tioner who rend	bers of staff. This in care. By signing this dered the services.	nformation is form, if your If you wish to	
Your Medical Recinformation at all to collected in accord consultation is Bull view a copy of our Our practice uses Medical Reconstruction of the collection	ord is a Confide times and to ensulance with the Na k Billed you agree Privacy Policy, pl	re that thi ational Prive to assign ease ask of to foster co	is information is only available to a lacy Principles and is used to mana your right to benefits to the Practitine of our Reception staff.	uthorised mem nge your health cioner who rend rapeutic relatio	bers of staff. This in care. By signing this dered the services. Inship with our patie	nformation is form, if your If you wish to nts. A Shared	
Your Medical Recinformation at all to collected in accordance consultation is Bull view a copy of our Our practice uses Mealth Summary medical Recommendation in the collection of the collectio	ord is a Confide times and to ensu- lance with the Na k Billed you agree Privacy Policy, pl MyHealthRecord to lay be uploaded to	tre that thin tional Private to assign the asse ask of the foster control of the foster	is information is only available to a acy Principles and is used to mana your right to benefits to the Practithe of our Reception staff. Intinuity of care and a greater ther dealth Record after discussion with your properties.	uthorised mem nge your health cioner who rend rapeutic relatio	bers of staff. This in care. By signing this dered the services. Inship with our patie	nformation is form, if your If you wish to nts. A Shared	
Your Medical Recinformation at all to collected in accord consultation is Bull view a copy of our Our practice uses Medical Reconstruction of the collection	ord is a Confide times and to ensu- lance with the Na k Billed you agree Privacy Policy, pl MyHealthRecord to lay be uploaded to	tre that thin tional Private to assign the asse ask of the foster control of the foster	is information is only available to a acy Principles and is used to mana your right to benefits to the Practithe of our Reception staff. Intinuity of care and a greater ther dealth Record after discussion with your properties.	uthorised mem nge your health cioner who rend rapeutic relatio	bers of staff. This in care. By signing this dered the services. Inship with our patie	nformation is form, if your If you wish to nts. A Shared	
Your Medical Recinformation at all to collected in accordance consultation is Bull view a copy of our Our practice uses Mealth Summary myour doctor, if your	ord is a Confidentimes and to ensure and to ensure ance with the Nate Billed you agreed Privacy Policy, play HealthRecord in the privacy be uploaded to have any objection	tre that thi ational Prive to assign ease ask of to foster co to your Myhons to this	is information is only available to a acy Principles and is used to mana your right to benefits to the Practithe of our Reception staff. Intinuity of care and a greater ther dealth Record after discussion with your properties.	uthorised mem age your health tioner who rend apeutic relatio your doctor, or	bers of staff. This in care. By signing this dered the services. Inship with our patie where appropriate.	nformation is form, if your If you wish to nts. A Shared Please advise	
Your Medical Recinformation at all to collected in accord consultation is Bull view a copy of our Our practice uses Note the lath Summary myour doctor, if your ly	ord is a Confide times and to ensulance with the Na k Billed you agree Privacy Policy, pl MyHealthRecord of tay be uploaded to have any objection	tre that thi ational Prive to assign ease ask of to foster co by your Mylons to this	s information is only available to a acy Principles and is used to mana your right to benefits to the Practitine of our Reception staff. Intinuity of care and a greater ther lealthRecord after discussion with your months.	uthorised mem age your health tioner who rend apeutic relatio your doctor, or d consent to th	bers of staff. This in care. By signing this dered the services. Inship with our patie where appropriate.	nformation is form, if your If you wish to nts. A Shared Please advise ement.	
Your Medical Recinformation at all to collected in accord consultation is Bull view a copy of our Our practice uses Note the lath Summary myour doctor, if your ly	ord is a Confide times and to ensulance with the Na k Billed you agree Privacy Policy, pl MyHealthRecord of tay be uploaded to have any objection	tre that thi ational Prive to assign ease ask of to foster co by your Mylons to this	is information is only available to a acy Principles and is used to mana your right to benefits to the Practit ne of our Reception staff. Intinuity of care and a greater ther lealthRecord after discussion with your properties.	uthorised mem age your health tioner who rend apeutic relatio your doctor, or d consent to th	bers of staff. This in care. By signing this dered the services. Inship with our patie where appropriate.	nformation is form, if your If you wish to nts. A Shared Please advise ement.	
Your Medical Recinformation at all to collected in accord consultation is Bull view a copy of our Our practice uses Note the lath Summary myour doctor, if your ly	ord is a Confide times and to ensulance with the Na k Billed you agree Privacy Policy, pl MyHealthRecord of tay be uploaded to have any objection	tre that thi ational Prive to assign ease ask of to foster co by your Mylons to this	s information is only available to a acy Principles and is used to mana your right to benefits to the Practitine of our Reception staff. Intinuity of care and a greater ther lealthRecord after discussion with your months.	uthorised mem age your health tioner who rend apeutic relatio your doctor, or d consent to th	bers of staff. This in care. By signing this dered the services. Inship with our patie where appropriate.	nformation is form, if your If you wish to nts. A Shared Please advise ement.	
Your Medical Recinformation at all to collected in accord consultation is Bull view a copy of our Our practice uses Note the lath Summary myour doctor, if you	ord is a Confide times and to ensulance with the Na k Billed you agree Privacy Policy, pl MyHealthRecord to have any objection	tre that thi ational Prive to assign ease ask of to foster co by your Myl- ons to this	s information is only available to a acy Principles and is used to mana your right to benefits to the Practitine of our Reception staff. Intinuity of care and a greater ther dealthRecord after discussion with your part of the process of the proc	uthorised mem age your health cioner who rend apeutic relatio your doctor, or d consent to th	bers of staff. This in care. By signing this dered the services. Inship with our patie where appropriate. e above Privacy Stat	nformation is form, if your If you wish to nts. A Shared Please advise ement.	
Your Medical Recinformation at all to collected in accord consultation is Bull view a copy of our Our practice uses Note the lath Summary myour doctor, if you	ord is a Confide times and to ensulance with the Na k Billed you agree Privacy Policy, pl MyHealthRecord to have any objection	tre that thi ational Prive to assign ease ask of to foster co by your Myl- ons to this	s information is only available to a acy Principles and is used to mana your right to benefits to the Practitine of our Reception staff. Intinuity of care and a greater ther lealthRecord after discussion with your months.	uthorised mem age your health cioner who rend apeutic relatio your doctor, or d consent to th	bers of staff. This in care. By signing this dered the services. Inship with our patie where appropriate. e above Privacy Stat	nformation is form, if your If you wish to nts. A Shared Please advise ement.	
Your Medical Recinformation at all to collected in accord consultation is Bull view a copy of our Our practice uses Note the lath Summary myour doctor, if you	ord is a Confidentimes and to ensure the National Report of the Nati	re that thi Itional Priv It o assign ease ask of to foster co your Myhons to this	s information is only available to a acy Principles and is used to mana your right to benefits to the Practitine of our Reception staff. Intinuity of care and a greater ther lealthRecord after discussion with your management. Date: THIS FORM TO RECEPTION ON	uthorised mem age your health cioner who rend apeutic relatio your doctor, or d consent to th	bers of staff. This in care. By signing this dered the services. Inship with our patie where appropriate. e above Privacy Stat	nformation is form, if your If you wish to nts. A Shared Please advise ement.	
Your Medical Recinformation at all toollected in accord consultation is Bull view a copy of our Our practice uses Mealth Summary myour doctor, if you I, Signed:	ord is a Confidentimes and to ensurate with the National Reprises of th	re that thi Itional Priv It o assign ease ask of to foster co your Myhons to this	s information is only available to a acy Principles and is used to mana your right to benefits to the Practit ne of our Reception staff. Intinuity of care and a greater there lealthRecord after discussion with your management. Date: THIS FORM TO RECEPTION ON the tick)	uthorised mem age your health tioner who rend apeutic relation your doctor, or disconsent to the CE COMPLETION.	bers of staff. This in care. By signing this dered the services. Inship with our patie where appropriate. The above Privacy States:	nformation is form, if your lif you wish to nts. A Shared Please advise	