

# Patient Information Sheet & Privacy Statement



Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

**If Child** - full name of Parent: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Do you identify as Aboriginal and/or Torres Strait Islander origin?



No  Yes  Aboriginal Yes  Torres Strait Islander Yes  Aboriginal Torres Strait Islander

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Postcode: \_\_\_\_\_ Mobile Number \_\_\_\_\_ Telephone Home: \_\_\_\_\_

Telephone Work: \_\_\_\_\_ E Mail: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Position on Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Pension / HCC / DVA Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you consent to SMS reminders?  Yes  No

## Next Of Kin:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Next of Kin Phone Number: \_\_\_\_\_

**Emergency Contact:**  Same as Next of Kin

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

**Known Allergies:** \_\_\_\_\_

## Collection Statement & Patient Privacy

I hereby give express permission to Baywest Medical Centre's staff and Doctors to receive and supply Personal Medical information from or to other Medical Practitioners/Specialists/Pathology/Radiology etc on my behalf. This information is collected in accordance with the National Privacy Principles and is used to manage your health care. Your records are the property of Baywest Medical Centre and will not be released without your consent.

I acknowledge that I am wholly responsible to arrange any further appointments to discuss my test results conducted by your Doctors on my behalf at all times. If you do not understand this information please ask one of our receptionists to explain this to you.

**Signed** by and on behalf of the above listed patient: \_\_\_\_\_ Date: \_\_\_\_\_

**How did you find out about us?**  Word of Mouth  Google  Online Booking  Street Signage  Yellow Pages

Letterbox / Flyer  96five Radio  Other (Please specify) \_\_\_\_\_