



# Personal Details and important information

Date of appointment:

First name:

Last name:

Date of birth:

Reason or visit:

Address:

Suburb / town:

Mobile Ph:

State:

Postcode:

Email:

Alternate contact Ph:

Best contact method:

In case we need to contact you urgently. Best time of day & method

Regular GP:

Practice name

Medicare No:

Medicare reference No:

Medicare expiry:

Allergies & medical problems:

Have you been to the Private Clinic previously?

Do you or a carer require a medical certificate for today?

How did you hear about the Private Clinic?

(carer's full name if cert required)

Support person with you today:

Mobile:

Our nurses will call this person about 30 minutes before discharge

tick when read

In an emergency please contact:

Mobile:

VALUABLES: The Private Clinic takes no responsibility whatsoever for valuables or other possessions. We will provide you with a locker for your clothing but please make arrangements for the safe storage of any valuable possessions.

PRIVACY STATEMENT: Staff at the Private Clinic are required to collect information regarding your health to provide a service to you. Once collected, this information and relevant test results may be sent to your referring doctor, doctor of your choice or other external healthcare facility where follow-up treatment is necessary. The Private Clinic will not disclose your personal information to any other person without your consent. Our detailed privacy policy is available on our website ) or on reception desk.

YOUR AUTHORITY TO US: In some circumstances it may be necessary for the Private Clinic to exchange information with other health care providers during or after your visit. This may include pathology services, Medicare, your GP, diagnostic imaging services, or any other external healthcare facilities including hospitals or specialist services. We may need to contact you after your treatment. By completing and signing this document you authorise us to collect, maintain, use and disclose your personal information in the manner set out in our privacy statement. You also agree to us contacting you by telephone, email or SMS (text message) if required.

IMPORTANT NOTE ON CLINICAL TESTS: To provide an optimal and safe service, we may send pathology samples to an external pathology provider to diagnose certain conditions which may affect your treatment. If you have a Medicare card, Medicare covers these costs. We will contact you if the result from any test is abnormal. For non-Medicare patients, we will advise you if pathology testing is required to diagnose certain conditions which effect your treatment and you will receive an invoice from the pathology company which you must pay. If you have private insurance, these costs may be claimable.

COSTS: Procedure fees are advised before every appointment based on the information that was provided to us. We reserve the right to amend the fee where our preliminary examination shows that a pregnancy is second trimester. All fees must be paid prior in full prior to treatment commencing.

ADDITIONAL FEES: Please be aware that should you require external pathology, diagnostic imaging, or referral to a facility other than the Private Clinic, the fees are determined by that provider and will be invoiced directly to you. We have no discretion over these fees and you will be responsible for payment.

I have read and understood the privacy statement and authority to collect information.