Macquarie Heart

NEW PATIENT
DETAILS AND CONSENT

PATIENT DETAILS

Title: Prof/ Dr/ Mr/ Mrs/ Ms/ Miss/ Other: _____

Family Name: _____ Given Name: _____

Date of Birth: _____ Preferred Name: _____

Address:_____ Post Code:_____

Mobile Phone: _____ SMS confirmations for appointments: Yes / No

Home Phone: _____ Work Phone: _____

E-mail Address: _____

LOCAL DOCTOR / PRACTITIONER

GP Name: _____ Suburb: _____ Phone: _____

EMERGENCY CONTACT

Name: _____ Relation to you: _____

Phone Number: _____

Do you give us permission to contact this person if we are unable to contact you or in an emergency? Yes / No

ACCOUNT DETAILS

Medicare Number: _____ Position on card: _____ Expiry Date: _____

Veterans Affairs Number: _____ Colour: Gold/ White/ Orange/ Blue

Pension Number: _____ Expiry Date _____

Private Health Fund: _____ Membership Number: _____

Payment is required at the end each consultation. We accept cash, EFTPOS, Mastercard and VISA.

AMEX, Diners and cheques are not accepted.

It is the responsibility of the patient to provide a current GP or specialist referral. The patient will not receive a Medicare rebate unless a valid referral letter is submitted.

PTO for Privacy Information Statement and Consent→

PRIVACY INFORMATION AND CONSENT

This medical practice collects information from you for the primary purpose of providing quality health care. Your personal details and a full medical history are needed so we may properly assess, diagnose, treat and be pro-active in your health care needs. This means we will use the information you provide us in the following ways:

- Disclosure to others involved in your healthcare including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, for medical tests and in the reports or results returned to us following referrals
- Disclosure to other doctors in the practice, locums etc. attached to the practice for the purpose of patient care and teaching
- Administrative purposes in running our medical practice
- Billing purposes, including compliance with Medicare, DVA and Health Insurance Commission requirements
- For research and quality assurance activities to improve individual and community health care and practice management. Your identity is usually not included in these instances but should your identity be required, you will be informed and given the opportunity to decline involvement
- To comply with any legislative or regulatory requirements e.g. notifiable diseases

This practice complies with the Australian Privacy Act. For more information, please go to http://www.privacy.gov.au.

You can decline to have your health information used in all or some of the ways outlined above (by crossing out relevant points and initialing) but it may influence our ability to manage your health care and provide the best outcome for you. Please discuss any queries you have with any clinic team members.

PRIVATE INFORMATION CONSENT

I have read the information above and understand the reasons why information is collected.

I understand that I am not obliged to provide any information requested of me, but failure to do so may compromise the quality of healthcare and treatment given to me. I understand that if any information is to be used for any other purpose other than set out above, my further consent will be obtained.

I consent to the handling of my information by the practice for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice of.

Patient Name: _____ Date of birth: / /

Signature: _____ Date: / /

Name if signed on Patient's behalf: _____

Relationship to patient: _____