

MILDURA O & G ~ Patient Details Form

Mrs/Miss/Ms/Mr (please circle) **Surname:**

Given names:
(First name) (Middle name)

Preferred Name: **Previous/Maiden name:**

Postal Address: **Town:** **P/Code:**

Residential Address: **Town:** **P/Code:**

Date of Birth: **Email Address:**

Do you identify as Aboriginal? YES NO (please circle) **Or Torres Strait Islander?** YES NO (please circle)

Telephone: H) W) M)

Please note: This practice may contact you and send information via Mail/Email/Phone/SMS. Please notify staff should you have any concerns about this.

Husband/Partner/Defacto/Wife:
(Please circle) (Surname) (Given Name)

Referring Doctor: **Usual GP:**

Medicare card number : ____ _ -- ____ _ -- ____ _

Medicare Ref. No: ____ (This is the number next to your name) **& Expiry Date**/20.....

Are your Bank details registered with Medicare YES NO (please circle)

Private Health Insurance Fund..... **Membership No**.....

Does your Insurance Fund cover you for care at the: **Private Hospital** **Base Hospital**

Pension or Healthcare Card no : CRN ____ _ -- ____ _ -- ____ _

Expiry Date:/...../20.....

Next Of Kin/Emergency Contact:..... **Relationship**.....

Telephone: H) W) M)

I have read the Mildura O & G Privacy Policy (turn over) (please tick):

I have signed the Release of Medical Information(turn over) (please tick):

Payment of account & account responsibility. This is a Private Practice and accounts will be issued. A discount is available on accounts paid at the time of consultation. The account is partly rebatable from Medicare. Overdue accounts are subject to an administration fee and all patients may be subject to a credit check. Accounts may also be received from Anapath, Victorian cytology and/or a local pathology provider if a smear, histology or blood test are taken and sent for assessment.

“I understand and agree to pay all accounts to the practice of Mildura O & G”.

Name: (please print).....

Signed:..... Date...../...../20.....

Mildura O & G

www.milduraoandg.com.au

192 Ontario Ave
Mildura VIC 3502

Tel: 03 5021 4404
Fax: 03 5021 4405

PATIENT INFORMATION & PRIVACY CONSENT

Please read this information carefully and tick where indicated on the Mildura O & G New Patient Form.

We require your consent to collect your personal details and medical history so that we may properly assess, diagnose and report findings relating to your medical requirements at this time.

This means we will use the information you provide us in the following ways:

- Administrative purpose in running our practice
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements
- Disclosure to others involved in your health care outside of this practice. This may occur through referral to: other doctors or specialists, medical test centres for further reports or tests, or results returned to us following referrals.
- Disclosure for research and quality assurance to improve individual and community health care and practice management. You will be informed when such activities are being conducted and given the opportunity to decline any involvement.

I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of health care and treatment given to me.

I am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.

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

I have read the information above and understand the reasons why my information must be collected. I am also aware that this practice has a Privacy Policy on handling patient information.

RELEASE OF MEDICAL INFORMATION:

I hereby give authorisation for the release of my medical records, or medical summary to Dr Kimberley Sleeman/Dr Wendy Hughes/Dr Erin Kelly. All relevant information can be faxed to (03) 5021 4405.

Full Name: (Please add previous surname if applicable)

Address: **Town:**.....**P/Code:**.....

Date of Birth:

Signature: