

Surname:		Title:
First Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Defacto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<u>Date of Birth:</u>
Home Address:		
Postal Address:		
Home phone:	Mobile:	Work phone:
Are you from an Aboriginal or Torres Strait Island background? <input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander		
Other cultural background: e.g. African, Asian, Mediterranean		Country of Birth:
Do you require an interpreter service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Medicare Card No.	Reference No.	Expiry Date: __/__/__
<input type="checkbox"/> Pension <input type="checkbox"/> Health Care Card <input type="checkbox"/> Veterans Card Number:	Type of Veterans Card <input type="checkbox"/> Gold <input type="checkbox"/> White	Expiry Date: __/__/__
Email Address:		Occupation:

Next of Kin:

Name:	Relationship to you:
Address:	Contact number:

In case of emergency please contact:

Name:	Relationship to you:
Address:	Contact number:

Please complete for dependents under 18 years old

Name:	Surname:	Date of Birth:
Name:	Surname:	Date of Birth:
Name:	Surname:	Date of Birth:

Please turn over

PATIENT CONSENT FORM

Doctors Corner complies with the Privacy Act (1988) and Privacy Amendment Act (2000) and as part of their Privacy Policy they are committed to protecting the privacy of the personal information of individuals. The purpose of collecting personal details is to provide quality medical and health services and related account keeping.

I understand that I have the right to request access to my information. Doctors Corner makes every effort to keep my data in accordance with the National Privacy Principles and keep my records accurate and up to date. I understand that I may withdraw my consent to Doctors Corner to use and disclose my personal information (except where legal obligations are met).

The Doctors Corner requires your consent to collect personal information about you. We require you to provide us with your personal details and a full medical history to allow us to properly assess, diagnose, treat and advise on all your health care needs.

Please read the consent form carefully, tick the applicable boxes and sign where indicated. Please place a tick (✓) in the following boxes if you consent for this information to be used by the Practice in the following ways:

- I give permission for my personal health information to be used for administrative purposes to assist in the running of Doctors Corner, including disclosure to others involving my healthcare, such as Doctors, Specialists within and outside of the Practice. This may occur through referral to other Doctors, or for medical tests and in the reports or results returned to my doctor following referrals.
- I give my consent for disclosure for research and quality assurance activities to improve individual, community health care and Practice Management. This may occur when the Practice incorporates patient health record into de-identifiable patient information to transfer to a third party, normally used for quality improvement projects.
- I give my consent to be part of the Practice's National, State and Territory Reminder Systems. Our practice provides our patient with preventative care and early case detection reminders, e.g. immunisations, annual health checks, skin checks and cervical screening tests.

Do you wish to have any relevant health reminders sent to you? Yes No

I give consent to the presence of a third party to be present during my consultation. This may include a Nurse, Medical Student, Family Member or a Friend, Centrelink or WorkCover representative.

Patient Name: _____

Signature: _____

Date: _____

Third Party – Name: _____

Signature : _____

Date: _____

How did you find out about us?

- Internet Friends / Family Newspaper Flyer Other