

PATIENT INFORMATION FORM

MR / MRS / MISS / MS / DR SURNAME: _____ FIRST NAME/S: _____

DATE OF BIRTH: ____/____/____ SEX: MALE / FEMALE

ADDRESS: _____

HOME PH: _____ WORK PH: _____ MOBILE: _____

EMAIL ADDRESS: _____

GENERAL PRACTITIONER: _____

MEDICARE NUMBER: _____ REF. NO (BESIDE YOUR NAME): _____ EXPIRY DATE: ____/____/____

PRIVATE HEALTH INSURANCE? YES / NO VETERAN AFFAIRS NUMBER (IF APPLICABLE): _____

IF YES, FUND NAME: _____ FUND NUMBER: _____

COMMONWEALTH CONCESSION CARD? YES / NO CARD NO. _____ EXPIRY DATE: ____/____/____

NEXT OF KIN: _____

RELATIONSHIP: _____ CONTACT NUMBER: _____

ARE YOU DIABETIC? YES / NO DO YOU HAVE: HEP B? YES / NO HEP C? YES / NO HIV? YES / NO

In December 2000 an amendment act was passed through the Federal parliament relating to the Privacy Act. This amendment came into effect on 21/12/2001.

We require your consent to collect personal information about you. Please read this form carefully, and sign where indicated below.

Queensland Bariatrics, the Wesley Obesity Clinic, Dr Blair Bowden and Dr Jennifer Duncombe collect information from you for the primary purpose of providing quality health care. We ask that you provide us with your personal details and full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs. This means we will use the information you provide in the following ways:

- Administrative purposes in running our medical practice.
- Billing purposes.
- Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.
- Emergency situations whereby medical officers/hospitals require access to patient notes for treatment purposes.
- Disclosure for research and quality assurance activities to improve individual and community health care and practice management.

I have read the information above and understand the reasons why my information must be collected. I am also aware that Queensland Bariatrics, the Wesley Obesity Clinic, Dr Blair Bowden and Dr Jennifer Duncombe have a privacy policy on handling patient information.

I understand that I am not obliged to provide any information requested of me, but my failure to do so might compromise the quality of the health care and treatment of 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 consent to be contacted by email, telephone or SMS to confirm upcoming appointments or to send me patient related information.

PATIENTS NAME: _____ DOB: _____

SIGNATURE: _____ DATE: _____