Patient Information Form

Brisbane Urology Clinic

PERSONAL DETAILS

Given names Mr Mrs Miss Mrs

Surname Date of birth / /

Street address

Suburb State Postcode

Postal address (Write 'AS ABOVE' if same as Street Address)

Suburb State Postcode

Telephone H W M

Email address @

MEDICAL DETAILS

Medicare No. Patient Reference No. Expiry Date /

Veteran Affairs No. White Card Gold Card Expiry Date /

Do you belong to a Private Health Fund? Yes No

Name of Fund Membership No.

Do you have any medical illnesses? e.g. Hypertension, Diabetes, Heart Disease (please indicate)

Are you on any medication including vitamins and herbal agents? (please indicate)

Have you had any past operations? (please indicate)

What is your alcohol consumption? (average intake per week)

Do you smoke? Yes No If yes, how many per day? (please indicate)

Do you have any allergies? (please indicate)

How did you hear about us? GP Other specialist: (specialist name)

Word of Mouth/Another patient Internet search/Website Radio Magazine

Other (please specify)

EMERGENCY CONTACT DETAILS

Name Relationship to patient

Telephone H W M

I hereby give permission to obtain any previous medical information deemed necessary for my ongoing care, management and treatment

✕

Date / /

Level 11 /135 WICKHAM TERRACE

BRISBANE 4000

Brisbane Urology Clinic

PRIVACY CONSENT

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

This medical practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with personal details and a full medical history to enable us to properly assess, diagnose 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 this medical practice (this may include telephone, email and SMS contact)
- Billing purposes, including compliance with HIC requirements (Medicare)
- Disclosure to others involved in your health care, including treating Doctors and Specialists outside of this practice. This may occur through referral to other Doctors or collection of information from other sources involved in your care or treatment.
- Disclosure to individuals who are nominated as your next of kin and/or contacts. This may include clinical information regarding your care or treatment and also information regarding accounts.

If you have any questions in relation to any of the above matters, please raise these with your Urologist.

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

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

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

I understand that if my information is to be used for any other purpose other than that set out above, my further consent will be obtained.

I consent to the handling of my information by my Urologist or staff for the purposes set out, subject to any limitations on access or disclosure that I have given notification of.

Print Name..... **DOB:**.....

Address .....

.....

Signed..... **Date:** .....

Brisbane Urology Clinic

AUTHORITY/CONSENT TO COMMUNICATE VIA EMAIL

Email is a convenient method for written communication of information between two parties, however it is not secure.

Brisbane Urology Clinic are happy to use email as a method of communication; however, you need to be aware and understand that whilst Brisbane Urology Clinic takes every measure to protect your information and data, anything transmitted via email once it leaves our office is open to interception and use from or by a non-intended party/recipient be it malicious or otherwise.

Please note that content contained in email communication from Brisbane Urology Clinic may include but is not limited to:

- Your full name
- Your next of kin name
- Your date of birth
- Your Address and contact details
- Details regarding your planned procedure/s
- Financial information relating to your procedure/s
- Information in response to your email.

If you are happy to receive email correspondence from Brisbane Urology Clinic please sign the below consent.

Brisbane Urology Clinic is not able to communicate with you via email unless a signed consent letter is on your file.

I consent and authorise Brisbane Urology Clinic to communicate with me including sending documentation relating to my care via email. I understand the risks involved regarding the insecure nature of email communication.

Patient signature:

X_____

Patient full name: _____Date:__/__/__

Residential Address:_____

Approved email address: _____

Date of birth:__/__/____