

Patient Profile

(please print clearly)

Dr. Robert Rosen	MBBS (UNSW) MMED (SYD) FACD Provider No. 009816DT
Dr. Howard Studniberg	MBBS (HONS) (SYD) FACD Provider No. 037859LY
Dr. Katherine Dunlop	MBBS (SYD) MMED (SYD) FACD Provider No. 059597AL
Dr. Eleni Yiasemides	MBBS (HONS) (UNSW) MMED (SYD) FACD Provider No. 268085HT
Dr. John de Launey	MBBS (SYD) FACD Provider No. 048089PK
Dr. Lizbeth Wheeler	BSc (HONS) (UPLB) MD (UP Manila) FACD Provider No. 403050CF
Dr. Sarah McDonald	BBiomedSc (MELB) MBBS(HONS) (MELB) FACD Provider No. 296487EW
Dr. Andrea Tomizawa	MBBS (HONS) (SYD) BA (Columbia U) FACD Provider No. 285990PT

YOUR DETAILS

Title:..... Surname:..... Given Names:.....

Address:.....

Suburb:..... Postcode:.....

Telephone: H:..... B:..... M:.....

Email:.....

D.O.B:/...../..... Age:..... Sex: M / F (please circle one)

Marital Status: Single Married Defacto Separated Divorced Widowed

MEDICARE CARD NO:..... Reference/ Position no: Expiry Date:.....

Occupation:.....

ENTITLEMENTS

Health Card No:..... Expiry Date:..... Seniors Card No:.....

Pension: Aged Disab Carer Widow Pension No Exp Exp

DVA/Repatriation No:..... Card colour: White Gold

PRIVATE HEALTH INSURANCE Yes No

Name of Fund:..... Reference/Position:.....

Level of cover:..... Membership No:.....

ALLERGIES/ SENSITIVITIES

CURRENT MEDICATION

FAMILY DOCTOR

Name:.....

Address:..... Phone:.....

REFERRING DOCTOR

Name:.....

Address:..... Phone:.....

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OFFICE USE ONLY

Are you a permanent resident of Australia? Yes / No

Country of Birth: Language spoken at home:

NEXT OF KIN / PERSON TO CONTACT IN EMERGENCY / CARERS NAME

Name:..... Relationship to patient:
Address:.....
Suburb:..... Postcode:.....
Telephone: H:..... B:..... M:

SETTLING YOUR ACCOUNT

Consultation fees are payable on the day.
Admission to the Day Procedure Centre requires that all payments be made on the day of the procedure in the theatre. Southderm Southern Suburbs Day Procedure Centre for your convenience provides the electronic payment options of MASTERCARD, VISA, AMERICAN EXPRESS and EFTPOS, cheques and cash are also accepted.
Non-attendance of an appointment may result in a cancellation fee being charged.

PRIVACY / YOUR PERSONAL HEALTH INFORMATION

We acknowledge our obligations to you under the Privacy Amendment (Enhancing Privacy Protection 2012) Act 2012 and the Health Records and Information Privacy Act 2002. We assure you that both your privacy and dignity will be maintained at all times. Medical records will be held relating to your medical treatment. The contents of your medical records will only be divulged with your consent or where justified by law. Our personal information management policy is available on request.

PERSONAL DETAILS CONSENT

I hereby consent to the collection and use of my personal health information for the purpose of my care and well-being, and in accordance with the reporting requirements under legislation.

Signature: Date:.....

Patient Representative -Signature: Relationship to patient:.....