

# Patient Profile

Dr. Robert Rosen MBBS (UNSW) MMED (SYD) FACD Provider No. 009816D  
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. Lizbeth Wheeler BSc (HONS) (UPLB) MD (UP Manila) FACD Provider No. 403050CF  
Dr. Andrea Tomizawa MBBS (HONS) (SYD) BA (Columbia U) FACD Provider No. 285990PT

## YOUR DETAILS

Title: ..... Surname: ..... Given Names: .....  
Address: .....  
Suburb: ..... Postcode: .....  
D.O.B: ..... / ..... / ..... Age: ..... Sex: M / F  
Phone number – Primary: ..... Phone number – other: .....  
Email: .....

Marital Status: Single  Married  Defacto  Separated  Divorced  Widowed

Medicare Card Number: ..... Reference/ Position: ..... Expiry Date: .....

Occupation: .....

## PRIVATE HEALTH INSURANCE

Yes  No

Name of Fund: ..... Membership Number: .....

## ENTITLEMENTS

DVA/Repatriation Number: ..... Card Colour: White  Gold

Pension: Aged  Disability  Carer  Widow  Seniors Card

Number: ..... Expiry Date: .....

## ALLERGIES

## CURRENT MEDICATION

OFFICE USE ONLY

\_\_\_\_\_

**FAMILY DOCTOR**

\_\_\_\_\_

.....

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: .....  
 Phone number – Primary : ..... Phone number – other:.....

\_\_\_\_\_

**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 DETAIL 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: .....

Southderm Pty Ltd owns the Intellectual property contained in this document and cannot be copied in whole or part without Southderm's expressed prior written consent.