

## PATIENT INFORMATION & CONSENT

TITLE								
FIRST NAME				SURNAME				
ADDRESS								
							POSTCODE	
<u> </u>							<u>I</u>	<u> </u>
DATE OF BIRTH	/	/						
MOBILE NO.				WORK NO.		Н	OME NO.	
EMAIL								
MEDICARE NO.					Ref.No.	Exp	oiry	
HEALTH FUND					MEMBERSHI	P NO.		
VETERANS AFFAIRS?	Yes	No	REPAT NO.			CARD COLC	DUR	
COUNTRY OF BIRTH				OCCUPATION				
EMERGENCY								
CONTACT	RELATION	SHIP			CONTACT N	10.		
Where did you hear a	about our c	linic (please tio	ck one box): 🗖	Doctor 🗖 Family	☐ Friend ☐ I	nternet 🗖	Other (please	specify)
REFERRING DOCTOR								
NAME					Specialty	<i>'</i>		
ADDRESS							6	
	Phone				Fax		Postcode	
	Filone				Iax			
GP, Local Doctor or o	other Intere	sted Parties <u>Y</u>	OU WOULD LII	KE A COPY OF LET	TER SENT TO	other than	n above	
NAME					Specialty	/		
ADDRESS								
	51						Postcode	
	Phone				Fax			
NAME					Specialty	,		
ADDRESS					Specialty			
							Postcode	
	Phone				Fax			

## **NEW & FOLLOW-UP APPOINTMENTS**

In order to provide a high level of service, please take a few minutes to review some of the practical issues regarding your future appointments:

- All appointments are made in good faith. Some waiting time may be experienced due to an emergency, or unforeseen circumstances. We appreciate your patience during these times.
- We will do our best to accommodate your preferred appointment time, however we may need to ask you to move your appointment to an either earlier or later time, but as close to possible as your preferred time.
- If there are no appointments available at a time that suits you, we will offer to place you on the "Wait List" and we will contact you if and when an appointment becomes available.
- If an appointment is not available at a time that suits you, you may consider seeing one of our other specialists. The Women's Health & Research Institute of Australia is a multidisciplinary team and work together to provide you the best possible care.
- All appointments with our medical specialists require a valid referral. This will enable you to claim a Medicare rebate. A referral from your GP is valid for 12 months and from a specialist 3 months. Allied Health practitioners, such as physiotherapy, acupuncture etc. do not require a referral.

PLEASE CALL AT LEAST 24 HOURS PRIOR TO YOUR APPOINTMENT IF YOU NEED TO RESCHEDULE OR CANCEL YOUR APPOINTMENT, OTHERWISE A LATE CANCELLATION FEE MAY APPLY.

INTERNET Please visit our website for more information at www.whria.com.au

EMAIL Only brief questions can be answered by email. Email is not a substitute for new or follow-up appointments.

SPECIALIST TRAINEES

Specialist trainees are fully qualified and registered medical practitioners who are undergoing advanced training in their chosen medical speciality. Specialist trainees do not have the same level of experience as your treating Medical specialist. A specialist trainee may participate in your surgery as a surgical assistant and may perform some of your operation as part of their training. This will always be under the direct supervision of the treating medical specialist. The specialist trainee may also be involved in your postoperative care. You will be introduced to the specialist trainee prior to the commencement of your surgery. Specialist trainees are an important part of the treating environment at the Women's Health & Research Institute of Australia and their involvement in patient care is encouraged. If you do not want specialist trainees to be involved in your care, please inform your treating medical specialist.

Please feel free to discuss the involvement of specialist trainees in your care with your treating medical specialist.

CLINICAL

RESEARCH Please see website for details.

FEES Fees are payable at time of consultation at which time we can also submit your Medicare rebate.

We will do our best to provide you with an accurate cost of your consultation at the time of booking. Sometimes your treating medical specialist or practitioner may need to have you undergo further investigations and/or provide you with equipment or supplies to assist in your treatment, which may incur additional costs.

## PRIVACY NOTICE

The information that you provide on the 'Patient Information Sheet' and that information that is communicated by you and recorded by the Health Practitioner attending you will be collected by Women's Health And Research Institute of Australia (WHRIA) for the primary purpose of providing you with treatment. Your information is collected and held in accordance with NSW privacy legislation under which you have rights of access and correction.

Your information may be used by the Women's Health And Research Institute of Australia (WHRIA) to contact you for research or to evaluate by way of an audit, the service and or medical treatment that you have received. Any information that you provide for an audit or research purpose will not identify you in any way.

f '	you d	lo not v	vish to l	oe contacted	in the f	future, p	lease tick	here: l	J
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## **Request & Disclosure of information**

I hereby give my permission for the Women's Health And Research Institute of Australia (WHRIA) to pass on and to seek medical information from any medical practitioner, who has referred, treated or will treat me as long as the exchange of information is necessary for my medical treatment. Please discuss this with your doctor if you are uncomfortable with any of the above issues.

NAME:	SIGNATURE
DATE://	