



PRIVACY CONSENT FORM

PATIENT DETAILS : TITLE: DR / MR / MRS / MS / MISS / MASTER FIRST NAME: _____

SURNAME: _____ KNOWN AS: _____

PARENTS NAME (If under 18) _____

ADDRESS: _____ SUBURB: _____ POSTCODE: _____

POSTAL ADDRESS (If different from above): _____

DOB: ___ / ___ / ___ OCCUPATION: _____

PHONE (M): _____ (W): _____ (H): _____

EMAIL: _____

MEDICARE NO: _____ REF NO: _____ EXPIRY: _____

VETERAN AFFAIRS NO: _____ EXPIRY: _____ GOLD CARD: YES/NO

NAME OF REFERRING DOCTOR: _____ NORMAL GP?: YES/NO
(Please remember to bring your referral with you at the time of your consultation)

MEDICAL HISTORY

Do you have any medical condition your doctor should be aware of ? Yes/No.
(Eg. Asthma, Diabetes, Heart Condition) If yes please give details

Have you been in contact with or ever been diagnosed as having:
Hepatitis A/B or C? Yes/No (please circle)
HIV (Aids) Yes/No (please circle)
Are you pregnant? Yes/No (please circle)

Are you interested in receiving further information on cosmetic procedures available at this clinic Yes/No (please circle)
If yes which is the best method for contacting you Email/Post

Australian Federal Privacy Laws require this Practice to receive your consent to collect your personal medical information. The details documented below outline how your information will be used. Please read and sign to give approval for this information to be collected and stored.

Your medical information will be used exclusively for the purpose of providing health care in the following way:

- To gain a history, diagnose disease and provide treatment where necessary;
- Administrative purposes in running this Practice which may also include confirmation of your appointment via SMS or email; aswell as sending results of diagnostic investigation
- Writing reports to your Doctor and other Doctors involved in the provision of healthcare, and the storing of reports provided to this Practice by other Medical Specialists; and
- Billing and collection purposes, including but not limited to compliance with Private Health Fund, Medicare and Health Insurance Commission requirements.

I consent to this Practice using my personal medical information in the ways outlined above.

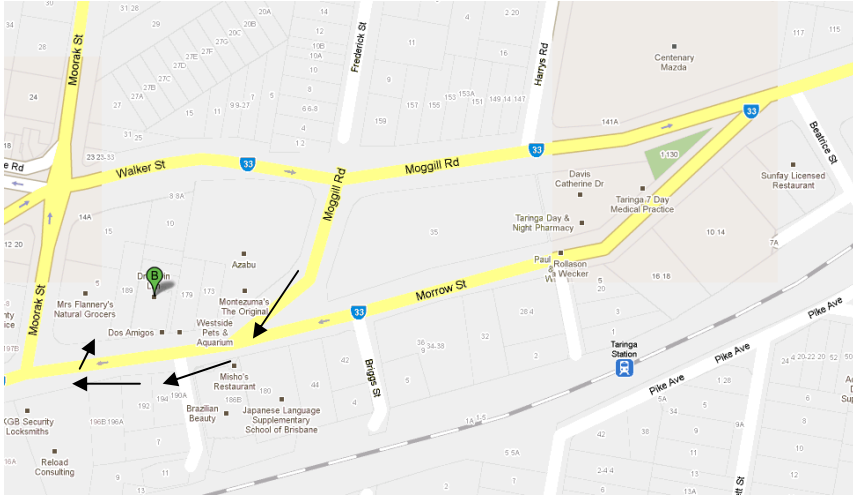
SIGNED: _____ DATE: _____



westside dermatology

specialist skin care and skin cancer centre

GETTING HERE



185 Moggill Road, Targina QLD 4068

Ph: (07) 3871 3437

Westside Dermatology is on the ground level of Upton Place on the right hand side of the road. Located in-between Westside Pets and Domino's Pizza and directly across the road from Super Cheap Auto

IMPORTANT INFORMATION

- Appointment
 - Please arrive 10 minutes prior to your appointment
- Referral
 - Please remember to bring your referral from your local General Practitioner or referring doctor.
- Where to park?
 - There is street parking available on Moggill Road. Please allow yourself 5-10 minutes to find parking
- Make-Up
 - Please also remember to remove makeup; including tinted moisturizers.
- Payment
 - Payments are to be made on the day of your appointment. Payment options include; Credit Card (Visa, Mastercard), Eftpos, cash or cheque