

Office use only

Patient ID:

PLEASE COMPLETE THIS FORM FOR OUR RECORDS - THANK YOU

Title:	Given Names:	Surname:
Date of Birth:		
Address:		
Home Phone:	Mobile Number:	
Email address:		
Emergency Contact 1:	Number:	Relationship:
Emergency Contact 2:	Number:	Relationship:
Referring Doctor/GP & Practice:		
Other Specialists/Doctors Involved in your Care:		
Dr's Name:	Specialty:	
Dr's Name:	Specialty:	
Medicare Number:	Reference Number:	Expiry Date:
Name of health fund:	Membership Number:	
Veteran Affairs number:	Colour of Veteran Affairs card: Gold/White/Orange (please circle)	
Please indicate if you are happy to receive SMS appointment reminders: <input type="checkbox"/> Yes <input type="checkbox"/> No		

Risk factors for Heart Disease:

Current smoker: Yes No How Many/day: How many years:

Past Smoker: Yes No How Many/day: What year did you stop:

Diabetes: Yes No Treatment (please circle): Diet / Insulin / Tablet

Have you ever been diagnosed with any of the following:

Chronic Lung Disease (Asthma/Emphysema/COPD):	Yes	No	Renal Failure (Kidney Disease):	Yes	No
Cerebrovascular Disease (Stroke/TIA):	Yes	No	Hypertension (High Blood Pressure):	Yes	No
Peripheral Vascular Disease (PVD):	Yes	No	Dyslipidaemia (High Cholesterol):	Yes	No
Family History of Heart Disease:	Yes	No	Obstructive Sleep Apnoea:	Yes	No

Height _____ cm/ft Weight: _____ kg

Please read and sign the Consent Form overleaf. Thank you.

Sunshine Coast Heart Specialists

Your Leading Heart Team

Consultants:

Dr Mark Johnson	Dr KK Lim	Dr Stuart Butterly	Dr Daljeet Gill
Dr Peter J Larsen	Dr Naresh Dayananda	Prof Tony Stanton	Dr Matthew Tung Dr Thomas Butler

USE OF PERSONAL INFORMATION CONSENT FORM

Amendments to the *Privacy Act 1988* has brought the introduction of the Australian Privacy Principles (APPs), replacing the current National Privacy Principles (NPPs) from 12 March 2014. These amendments redefine how healthcare services can manage your information.

1. WHAT INFORMATION DO WE COLLECT ABOUT YOU?

Sunshine Coast Heart Specialists, our doctors and staff, collect information from patients primarily to provide the best quality and continuity of care. This may include other medical specialists, nurses, pathologists, healthcare providers and health administration services so that your health care is not compromised. We require you to provide us with your personal details and full medical history so that we may properly assess, diagnose, treat and be proactive in your health care. This includes your name, contact details, Medicare and health fund details. All personal information in relation to your visit is kept safely and securely within the Centre.

2. WHY AND HOW DO WE COLLECT THIS DATA?

We are required to obtain your consent to collect personal information about you. The information we collect about you helps us to keep up-to-date details about your needs, so we can care for you in the best possible way. We will collect this information directly through you, via fax, Medical Objects or email and may use the information collected in the following ways:

- Administrative purposes in running our medical practice;
- Billing Purposes;
- Disclosure to others involved in your healthcare, including treating doctors and specialists outside the medical practice/day surgery. This may occur through referral to other doctors, or for medical tests and in reports or results returned to us through the referrals;
- Disclosure for research and quality assurance activities to improve individual and community health care and practice management; and,
- Emergency situations whereby medical officers/hospitals require access to patient notes for treatment purposes.

3. HOW CAN MY PERSONAL INFORMATION BE ACCESSED?

If you have changes to your personal information or wish to review your personal information, please ask one of our friendly staff or speak directly with the Practice Manager.

Please Note:

This consent form is written in accordance with Sunshine Coast Heart Specialists Privacy Policy. If you wish to read this document in full prior to signing, we can provide you with a hard copy or it can be found electronically through our website for your reference. Please ask a receptionist for more information.

PATIENT PRIVACY CONSENT

I have read the information above and understand the reasons why my information must be collected. I am aware that Sunshine Coast Heart Specialists has a privacy policy on handling patient information. I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me. I am aware of my right to access the information by this practice for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice of.

Patient Name: _____ Date of Birth: _____

Signature: _____ Date: _____
 Patient Signature/Guardian/Responsible Person/Statutory Health Attorney

An authorised person/power of attorney to be contacted in emergency circumstances:

Name: _____ Phone No: _____