Reset Form

PO BOX 4110, BALWYN EAST, VICTORIA 3103
Email : secretary@curomedical.com.au
Fax : 03 8593 7544

Please fill out the following form and either post, fax or email to us prior to your appointment.

Title : ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mstr ☐ Dr ☐ Rev (Please choose one)	
First Name:	Surname:
Address:	
	Postcode:
Date of Birth:	
Email:	
Phone: (Home)	(Work) (Mobile)
Do you authorise the practice to send you SMS appointment confirmations? ☐ Yes ☐ No If we need to contact you, what is your preferred method of contact? ☐ Mobile ☐ Home Phone ☐ Email ☐ SMS	
Your GP's name:	
Next of Kin Name: Relationship:	Phone:
Medicare Number: ☐☐☐☐☐☐☐☐☐☐	Number next to your name: ☐
Private Health Insurance: ☐ Yes ☐ No	
Private Health Insurer:	Membership Number:
Full Pension Card Number (if applicable):	Expiry Date:
Veterans' Affairs Card (if applicable): ☐ Gold ☐ White	**Number:**

I, _____ , give my permission for my personal health information to be collected, used and disclosed above. I understand only my relevant personal health information will be provided in accordance with the privacy statement on page 2, and I am free to withdraw, alter to restrict my consent at any time by notifying this practice in writing.

Patient Name (please print): _____

Signature: Date:

If not the Patient signing – Your name (please print): _____

PLEASE TURN OVER

Email Form

Do you take blood thinning medication? (eg Aspirin, Warfarin, Plavix, Eliquis, Apixaban) ☐ No ☐ Yes (Please list)
Do you have any allergies or sensitivities to any drugs or dressings? ☐ No ☐ Yes (Please list)
List medications: (Including all Diabetes Medication)

PRIVACY STATEMENT - Your Health Information

To enable ongoing care and total quality improvement within this practice and in keeping with the Privacy Act (1988) and the Australian Privacy Principles, we wish to provide you with sufficient information on how your personal health information may be used or disclosed and record your consent or restrictions to this consent.

Your personal health information will only be used for the purposes for which it was collected, or as otherwise permitted by law and we respect your right to determine how your personal health information is used or disclosed.

The information we collect may be obtained by a number of different methods and examples may include: medical test results, notes form consultations, Medicare, My Health Record and health insurance details, data collected from observations and conversations with you, and details obtained from other health care providers (eg. specialist and general practice correspondence). Similarly, correspondence and test results from Curo Medical may be uploaded to My Health Record if you have one.

By signing, you (as a patient/guardian) are consenting, that on obtaining your personal health information it may be used or disclosed by the practice for the following purposes:

- follow up reminder/recall notices for treatment and preventive healthcare;
- for accounting procedures and the collection of professional fees;
- the diagnosis and treatment of any health condition, including the communication of relevant information only, to practice staff, specialists and other healthcare providers to ensure quality care is provided;
- Accreditation and Quality Assurance activities are conducted by professionally trained non-treating specialists and other professionally trained and qualified persons, e.g. Practice Managers;
- For legal related disclosures as required by Court of Law;
- For the purposes of research where de-identified information is used;
- To allow medical students and staff to participate in medical training/teaching using only de-identified information;
- For disease notification as required by law;
- For use when seeking treatment by other doctors in this practice.

At all times, we are required to ensure your details are treated with the utmost confidentiality. Your records are very important and we will take all steps necessary to ensure they remain confidential.