



**THIS IS NOT A BULK BILLING CLINIC, PAYMENT IS REQUIRED AT TIME OF CONSULTATION**  
**(PLEASE COMPLETE ALL OF THE QUESTIONS)**

Title: \_\_\_\_\_ (Mr, Mrs, Ms, Dr, etc)  
Surname: \_\_\_\_\_  
Given Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: home \_\_\_\_\_ work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Medicare number: \_\_\_\_\_ Ref no : \_\_\_\_\_ Expiry date: \_\_\_\_\_  
Pension card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_  
Healthcare card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_  
Veterans Affairs number: \_\_\_\_\_ Expiry date: \_\_\_\_\_  
Veterans Affairs card colour \_\_\_\_\_  
Email address : \_\_\_\_\_  
Occupation: \_\_\_\_\_

**How will you be paying your account?** Cash Cheque EFT Credit Card (Please circle)

Australian non indigenous ☐ Aboriginal ☐ Torres Strait Islander ☐  
Other ethnicity: \_\_\_\_\_ Country of birth: \_\_\_\_\_  
Interpreter needed: YES NO Language required: \_\_\_\_\_

Name of next of kin: \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Name of Emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship: \_\_\_\_\_  
ALLERGIES?: \_\_\_\_\_  
Nature of allergic reaction: \_\_\_\_\_  
Severity: \_\_\_\_\_

Family history: Do you have a family history of any serious illness ☐ Yes ☐ No  
Illness: \_\_\_\_\_ Maternal ☐ Paternal ☐

Do you smoke? YES ☐ NO ☐ If yes, how many \_\_\_\_\_ a day  
Do you drink alcohol? YES ☐ NO ☐ If yes, drinks per day \_\_\_\_\_ Days per week \_\_\_\_\_

Do you consent to us sending an SMS for Appointments, Results and Recalls  
YES ☐ NO ☐

If we are unable to contact you do you consent to your parent/partner being given results on your behalf? YES ☐ NO ☐

For online appointments visit our website: [www.whitehorsemmedical.com.au](http://www.whitehorsemmedical.com.au)  
Whitehorse Medical Centre Privacy Policy is also available via our website

**PLEASE READ & SIGN NEXT PAGE →**

<b>Staff use only:</b>			
<b>ID document:</b>	DRIVERS LICENCE <input type="checkbox"/>	PASSPORT <input type="checkbox"/>	OTHER <input type="checkbox"/>



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### **Collection of Health Information**

Whitehorse Medical Centre collects and stores personal information, including sensitive health information, to provide quality treatment services, to assist in the provision of medical care and to manage our medical centre.

This information includes name, date of birth, physical and email addresses, gender, and telephone numbers. We may also collect information on ethnicity, previous health or family history and direct debit details. This information is stored on our computer medical records system.

We will only collect information from you personally whenever practicable. However, we may also need to obtain information from other sources such as treating specialists, hospital, radiologists, pathologists, and other health care providers.

Information is collected by either medical or non-medical staff in several ways, such as over the phone or in writing, in person or over the internet, if you deal with us online. In an emergency, we may also collect your information from relatives, friends, or employer/co-worker (if an incident has happened at work).

### **Use and Disclosure**

At Whitehorse Medical Centre, we treat your personal information as strictly private and confidential. We will only use and disclose your information as expected and directly in relation to your ongoing care and treatment.

We use your information as part of your healthcare to send you reminders for specific tests, such as cervical screening and immunisations, to follow-up appointments, to contact relevant organisations (such as insurance companies, lawyers in relation to medical claims and for centre audit or research purposes) and for billing or collection of any outstanding payments.

We may sometimes need to disclose your personal information to organisations outside of this centre for medical, ethical, insurance and legal reasons. These include consultant medical specialists, hospital medical staff, your representative (eg. guardian, family member and Power of Attorney), contractors (such as pathology & allied health) and insurers (such as Medicare, TAC and Worker's Compensation).

There are circumstances where we are permitted or required by law to disclose your personal information to third parties, like police, solicitors, government regulatory bodies, tribunals, and courts of law. Your information may be disclosed to outside contractors to perform activities on behalf of the centre, such as IT service provider, solicitor, debt collection agent, accountant, and auditor. These contractors are only required to use your information for specific purposes that we have asked them to perform.

We request that external organisations, contractors and third parties handle your personal information securely and confidentially under formal, signed privacy contracts.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Staff use only:**

**ID document:**

**DRIVERS LICENCE**

☐

**PASSPORT**

☐

**OTHER**

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