

First Name .....

Last Name .....

Number and Street Address.....

Suburb .....Postcode:.....

Email Address .....

Mobile Telephone .....Home.....

Work Telephone ..... **Please tick preferred contact No**

Birth Date .....

Referring Doctor .....Dr's phone no.....

Medicare No .....Ref.....Expiry.....

Pension or Concession Card No.....Expiry.....

**Have you ever been treated here before: Yes / No**

**How did you hear about the Gynaecology Centre? (Circle one)**

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**In an emergency please contact:**

Name ..... Telephone.....

**PRIVACY STATEMENT:** Staff at GCA including contracted doctors, collect information regarding your health and relevant social circumstances in order to provide a service to you. Once collected, this information and relevant test results may be sent to the referring doctor, or doctor of your choice. Our secretarial staff, who may also collect additional personal details and type the reports, do so with strict confidentiality. GCA will not disclose your personal information to any other person without your consent.

**COSTS:** Costs are advised before every appointment. Fees are almost always less than recommended by the Australian Medical Association and are payable at the time of consultation.

**I have read and understood the privacy statement.**

Signed ..... Date .....