

First Name .....

Last Name .....

Number and Street Address.....

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

Mail Address .....

Email Address .....

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

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

Birth Date .....

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

Doctor's Address .....

\* (If no referring Doctor, please write name & address of Doctor you will see for your check up in 10-14 days)

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)**

YELLOW PAGES DR REFERRAL NEWSPAPER FRIEND FAMILY PLANNING INTERNET OTHER

**In an emergency please contact:**

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

**VALUABLES:** Gynaecology Centres Australia take no responsibility whatsoever for valuables or other possessions. Jewellery should NOT be removed. Please arrange safe storage for your other possessions.

**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.

**IMPORTANT NOTE ON PAPSMEARS:** Once a Papsmear is performed, your details will automatically be sent by the laboratory performing the test to the Pap test register so they can send you reminders when the next one is overdue. If you wish not to be included on this register, please let the doctor, or nurse know.

**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 .....