

VASECTOMY

First Name

Last Name

Number and Street Address

SuburbPostcode:.....

Mail Address

Email address

Home TelephoneMobile.....

Work Telephone **Please circle preferred contact number**

How can we contact you? by post by phone by email

Birth Date

Local Doctor Doctor's Phone No.....

Local Doctor's Address

***Unless you request otherwise, a letter detailing your procedure will be sent to your local or referring doctor

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

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

Have you ever been treated here before: Yes/No

Do you or your carer require a medical certificate? Yes / No

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

DR REFERRAL GOOGLE SEARCH OTHER

In an emergency please contact:

Name Telephone.....

Relationship to you

PRIVACY: Privacy Statement: GCA collects this information regarding your health and relevant social circumstances in order to provide a service to you. Once collected, this information may be sent to your local or referring doctor. 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.

YOUR AUTHORITY TO US:

In some circumstances it may be necessary for GCA to gather information from other health care providers or to contact you. By completing and signing this document you authorise us to collect, maintain, use and disclose your personal information in the manner set out in our privacy statement. You also agree to us contacting you by telephone or SMS (text message) if required.

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 agree to pay all fees at the time of every appointment.

ADDITIONAL FEES: Please be aware that should you require external pathology, radiology, or referral for any treatment from a provider other than GCA, the fees are determined by that provider. Some may be bulk billed, but others will incur a private fee and be invoiced directly to you. We have no discretion over these fees and you will be responsible for payment. Post vasectomy sperm analysis tests are not bulk billed, you will receive an account from the pathology company.

I have read and understood the privacy statement and authority to collect information.

Signed Date