

First Name

Last Name

Number and Street Address.....

SuburbPostcode:.....

Email Address

Mobile TelephoneHome.....

Work Telephone **Please tick preferred contact No**

Birth Date

Referring DoctorDr's phone no.....

Doctor's Address

Medicare NoRef.....Expiry.....

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

Have you ever been treated here before: Yes / No

Do you require a medical certificate? Yes / No

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.

VAGINAL EXAMINATION AND ULTRASOUND: A vaginal examination may be necessary to determine the shape and size of your uterus. An internal (vaginal) ultrasound scan may be performed to either: confirm the presence and estimate the gestation of a pregnancy, confirm the location of an intrauterine contraceptive device, or detect the presence of pregnancy tissue or blood clots following a miscarriage, or to confirm the pregnancy is non-viable. The scan is limited to these purposes. A detailed analysis of uterine and ovarian abnormalities is beyond the scope of services performed at GCA. Referral to a specialist diagnostic imaging facility may be recommended in some cases. Ultrasound probes have been through a high-level disinfection process prior to each use and the doctor wears single-use disposable examination gloves while performing vaginal ultrasound scan.

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.

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.

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

Signed Date