

First Name

Last Name

Address

Suburb Postcode:.....

Mail Address

Email Address

Mobile Telephone Home.....

Please tick preferred contact No

Birth Date

Doctors Name * Dr's phone no.....

Doctor's Address

* (If no Local 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

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

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.

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. You agree for GCA to bulk-bill the items chargeable through Medicare. You also agree to be bulk-billed by Medicare if the doctor needs to speak with you via Telehealth.

IMPORTANT NOTE ON CERVICAL SCREENING TEST: Once a cervical screening test is performed your details will automatically be sent by the laboratory performing the test to the National Cancer Screening Register so they can send you a reminder when your next test is due. If you wish not to be included on this register, please let the doctor, or nurse know. You will receive your result by SMS from us, please be aware this may take up to 21 days.

COSTS:GCA charges a private fee which is advised before every appointment, and 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. In the unlikely event that an ambulance is required to take you to hospital, any costs incurred are your responsibility.

I have read and understood the above information, the privacy statement, the authority to collect information, and I give consent to bulk-bill Medicare item numbers applicable to my treatment and aftercare (which may be via Telehealth).

Signed **Date**