Patient Information - PLEASE PRINT DETAILS

The Privacy Act 1988 requires medical practitioners to obtain consent from their patients to collect, use and disclose that patient's personal information.

Surname .....(Mr/Mrs/Ms) Given Names .....

Occupation ..... DOB _ _ / _ _ / _ _ _ _

Address.....Suburb.....

Phone (home) ..... (work) .....(mobile) .....

Email .....

Next of Kin ..... Phone .....

Referring Doctor ..... Suburb .....

Medicare No _ _ _ _ _ _ _ _ _ _ _ Ref No _ (**number next to your name**) Exp _ _ / _ _

Hospital Health Cover HBF BUPA Other ..... (Please specify)

Membership No ..... **DVA** No (if applicable) .....

SIGNED ..... Date .....

I, the above patient, consent to the collection and use of the above information, and all further information requested by and given to Mr Peter Honey during this and all subsequent consultations, to help provide an accurate medical diagnosis and to facilitate appropriate treatment, including correspondence to my referring / family doctor.

Workers Compensation Date of Injury _ _ /_ _ /_ _ _ _ Claim No .....

Employer .....

Employer Address .....

Insurance Co ..... Case Manager ..... Phone: ..... Fax: .....

Motor Vehicle Accident Date of Injury _ _ / _ _ / _ _ _ _ **ICWA Claim No** .....

I hereby authorise Mr Peter Honey to divulge to my employer or insurance company, information relevant to my workers compensation claim or MVA claim. I also understand that in the event that this workers compensation is denied by the insurance company I am responsible for payment of any account incurred for consultation or surgery with Mr Honey.

Signed ..... **Date** .....