

Personal Details

First name _____ Preferred name _____

Middle name _____ Surname _____

Sex M F Date of birth _____ Preferred language _____

Address _____

_____ Postcode _____

Phone Home _____ Mobile _____ Work _____

Email _____

Occupation _____ Marital status _____

Next of Kin / Emergency Contact

Name _____ Relationship _____ Phone _____

General Practitioner

GP name _____ Phone _____

Clinic name & suburb _____

If your GP above was not the referrer, please provide details of your referring doctor below:

Referrer name _____ Phone _____

Clinic name & suburb _____

Other Treating Specialists (please include additional page if necessary)

Specialist name _____ Phone _____

Clinic name & suburb _____

Consultation Fees

Consultation Fees are to be settled at the time of your appointment. Payment can be made by cash or credit/debit card (American Express, Amex and Diners not accepted). For your convenience, we can process the Medicare rebate at the time of consultation. A copy of our fee schedule can be sent to you upon request.

Medicare number _____ Ref number _____ Expiry _____

Health fund name _____ Membership number _____

Health Care card number _____ Expiry _____

Pensioner card number _____ Expiry _____

Veteran Affairs number _____ Expiry _____

Work Cover insurer _____ Claim number _____

TAC claim number _____

Electronic Communication Policy

At Northern Blood and Cancer Care, we recognise the importance of effective communication with our patients and staff. Our Electronic Communication Policy outlines the appropriate use of electronic communications including SMS and email for communicating sensitive information, ensuring the confidentiality and security of patient data. A detailed version of this Policy can be found on our website, or a copy can be sent to you upon request. If you have any questions regarding this Policy, please contact us on (03) 8408 6000.

1. Purpose of Electronic Communication

Electronic communication may be used for appointment scheduling and reminders, general inquiries and non-urgent communication, sending educational materials and health information, and communication with other practitioners.

2. Security and Confidentiality

All electronic communications including email may contain protected health information (PHI). We will take all reasonable measures to protect the security and confidentiality of information sent and received but this cannot be guaranteed.

3. Patient Responsibility

Patients should ensure that their contact details including mobile phone number and email address are kept up to date, and that their access to these accounts is secure.

Privacy Policy

The information collected is used for the primary purpose of providing quality healthcare and may be utilised in the following ways:

- Administrative purposes connected to running the medical practice
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements
- Disclosure to others involved in your health care, including treating doctors and specialists outside of this practice. This may occur through referral to other doctors or for medical investigations and in the reports or results returned to your doctor following referrals.

Patient Consent

I have been informed of the fee schedule. I understand that I am financially responsible for all medical services provided by Northern Blood and Cancer Care. I agree to pay all charges for services not covered by my insurance, including co-pays and any outstanding balances.

I consent to the use of electronic communication for correspondence. I acknowledge that I understand and agree to the Electronic Communication Policy outlined by Northern Blood and Cancer Care. This includes the understanding that electronic communication may not be a secure method of communication for sensitive information.

I have read and understood the above information regarding my medical information.

Signature _____ Date _____