



# CONFIDENTIAL PATIENT INFORMATION SHEET

## PERSONAL DETAILS

TITLE: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_  
 SURNAME: \_\_\_\_\_ KNOWN AS: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
 DATE OF BIRTH: DD / MM / YYYY GENDER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

## COMMUNICATION DETAILS

TELEPHONE: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M)  
 EMAIL: \_\_\_\_\_  
 NEXT OF KIN: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Phone No 1: \_\_\_\_\_ Phone No 2: \_\_\_\_\_

## REFERRAL DETAILS

Where did you first hear about *The International Spine Centre*?

Health Professional (e.g. GP, Physiotherapist)     Other Professional (e.g. Lawyer)     Website theinternationalspinecentre.com     Another patient Name \_\_\_\_\_

REFERRING DOCTOR: Name: \_\_\_\_\_  GP  Specialist  
 Address: \_\_\_\_\_ Referral Date DD / MM / YYYY

USUAL GP (If Different): Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## HEALTHCARE DETAILS

MEDICARE NO:  Ref No:  Expiry Date MM / YYYY  
 PRIVATE FUND: \_\_\_\_\_ Membership No: \_\_\_\_\_  
 (if applicable) Level of Cover:  Top Hospital  Basic Hospital (may have exclusions)  Extras Only  
 DVA CARD NO: \_\_\_\_\_  Gold  White  Orange  
 (if applicable)

## WORKCOVER OR THIRD PARTY PATIENTS ONLY

CLAIM TYPE:  WorkCover  Third Party CLAIM NO: \_\_\_\_\_  
 DO YOU HAVE A LETTER OF DETERMINATION?  DATE OF INJURY DD / MM / YYYY  
 CASE MANAGER: \_\_\_\_\_  
 INSURANCE CO: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

## PRACTICE POLICIES AND GUIDELINES

**Support People:** Due to limited space in the waiting room and for the comfort and safety of all visitors, we request that you bring no more than one support person to the appointment. Hudson's Coffee is available on the ground floor and this may be a better option when multiple people are accompanying you.

**CCTV:** For the safety and security of *The International Spine Centre's* visitors, staff and resources, closed circuit television is in operation throughout publicly accessible areas of the practice.

**SMS Reminders:** An SMS reminder of an upcoming appointment will be sent to patients who have provided a mobile phone number. Please tick this box if you **do not** wish to receive these reminders.

**Missed Appointments:** If you are unable to keep your appointment, please notify us immediately. We require 24 hours notice for cancellations. Failure to notify us within this timeframe will result in a non-attendance fee up to the equivalent cost of the missed appointment.

**Gap Payments:** *The International Spine Centre* is a private practice that charges fees above the Medicare schedule. We ask for full payment of your account on the day of your consultation. EFTPOS facilities are available.

**RTWSA/WorkCover:** Claims require a valid claim number and letter of determination. Full payment is required on the day for WorkCover claims that do not currently have a claim number. You are liable for any services that have been provided that are subsequently not paid by RTWSA.

**Overdue Fees:** You are responsible for all reasonable expenses (including debt collection and legal fees) we incur during the collection of any overdue amounts.

## PRIVACY POLICY

*The International Spine Centre* aims to provide high quality patient care. In accordance with privacy legislation and maintaining confidentiality and trust, we wish to inform you that any information collected about you requires your consent.

Diagnosis and treatment of your condition may be communicated between practice staff, specialists and other multi-disciplinary health care providers or organisations involved in your care. This includes ongoing referrals to continue your care. Your information may also be used for:

- Teaching and research
- Billing and collection of professional fees
- Accreditation and quality assurance
- Work-related or medico-legal reasons (*including providing information relating to your injury or condition to RTWSA, employer's claims agent or self-insured-employer*).

Information will only be requested in order that healthcare services can be provided to you.

You can write to us to request access to information held about you. There will be an administrative fee charged for this service.

Legislation may prevent certain types of information from being disclosed to you. Under these circumstances, an explanation will be provided to you.

Should you have any concerns about confidentiality please approach a member of The International Spine Centre team.

I **do not** consent to my personal information being disclosed to the following:

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## PATIENT AGREEMENT AND CONSENT

I agree to the policies above and consent to *The International Spine Centre* collecting my personal information.

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Name (please print)

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Signature

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Date