

Title: Mr / Mrs / Miss / Ms

Surname:

First Name:

DOB:

Preferred Name:

Email Address:

Street Address:

Suburb:

State:

Postcode:

Telephone: (M)

(H)

(W)

Postal Address (if different from above):

Suburb:

State:

Postcode:

Medicare:

Ref:

Exp:

Pension Number:

Exp:

Vet Affairs Number:

Gold / Orange / White

Exp:

Health Fund:

Fund Membership No.

Occupation:

Next of Kin:

Name:

Relationship:

Address:

Telephone: (M)

(H)

(W)

Emergency Contact: Same as next of kin

Name:

Relationship:

Address:

Telephone: (M)

(H)

(W)

Management of Patient Health Information

Dr Glastonbury and staff collect information from patients primarily to provide proper care & treatment and to ensure your healthcare is not compromised. At times your information may be transported between medical facilities when necessary.

130eye may collect, hold, use or disclose your personal information for purposes including but not limited to:

- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements;
- To update our records and keep your contact details up to date;
- To communicate with you regarding appointments, reminders, recalls and services;
- Disclose to others involved in your health care, including referrers, other healthcare workers such as nurses, treating doctors & specialists outside of this practice including medical defence organisations;
- De-identified documents for research & quality assurance activities

I consent to personal information being collected, held, used & disclosed in accordance with 130eye's Privacy Policy.

I consent to dilating drops which may be necessary to complete the examination. It is recommended that you do not drive following these drops until your vision has returned to normal which is generally 2 hours but in some individuals may take longer.

I consent for authorised communication regarding my treatment & care at 130eye to be discussed with:

Name: _____

Relationship: _____

Signature: _____

Date: _____