

Please complete this CONFIDENTIAL form to ensure accurate identification & information.

Privacy:

The information requested below and relevant health information may be sent to other health professionals (eg. your anaesthetist) or organisations (eg. hospitals, pathology) where this is needed to provide your healthcare. As required by the Commonwealth Privacy Act 1988 we request your consent to send this information to these practitioners and organisations. Information will only be sent for the purpose of providing your healthcare.

You may request to review the information we have on file about you for the purposes of checking that the information is correct.

I consent to Dr Paul Belt sending my personal and health information to other persons or organisations where this is necessary to provide my healthcare.

SignedDate/...../.....

For more information about your privacy please ask to see your privacy information brochure or consult the Commonwealth Privacy Commissioner www.privacy.gov.au

Fees:

This practice has a policy of charging a surcharge of up to 25% (+ GST) where appropriate for late payment of accounts. If an account is not settled within three months of the date of surgery and/or consultation, these fees may apply.

SignedDate/...../.....

Who is your regular GP?

Please tick if your regular GP is you referring Dr

Dr : _____
Suburb: _____

How did you hear about Dr Paul Belt?

- | | |
|---|---|
| <input type="checkbox"/> Australian Society of Plastic Surgeons | <input type="checkbox"/> General Practitioner |
| <input type="checkbox"/> Yellow Pages / Yellow Pages Online | <input type="checkbox"/> Friend / Family |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Dermatologist |
| <input type="checkbox"/> Accident & Emergency | <input type="checkbox"/> Specialist Doctor: _____ |
| <input type="checkbox"/> Other: _____ | |