



PATIENT DETAILS – Travel Consultation

Please fill in this form, save it and email it back to us - info@curzonmedical.com.au

Title: _____ Surname: _____ First Name: _____

Middle Name: _____ Date of Birth: _____

Residential Address: _____

Postal Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Email Address (personal): _____

What is your preferred method of contact? (please circle) Phone / Mail / Email

Do you Identify as Aboriginal or Torres Strait Islander Origin? Yes / No

Medicare Number: _____ Ref: _____ Expiry: _____

DVA Number: _____ DVA Card: Gold / White

Concession Card Number: _____ Ref: _____ Expiry: _____

Card Type - Seniors Concession Card Pension Concession Card Health Care Card

Private Health Fund: _____ Membership Number: _____

Does your Private Health Insurance cover:

Health Care Overseas? Yes No

Medical Evacuation? Yes No

Next of Kin (full name): _____

Address: _____

Relationship: _____ Phone: _____

Emergency Contact (full name): _____

Address: _____

Relationship: _____ Phone: _____

Please Turn Over



CONSENT FORM- GENERAL COLLECTION AND USE OF PERSONAL INFORMATION

GPs on Curzon has produced a Privacy Policy that outlines how we collect and use your personal information generally, specifically your personal medical information, and how you can access this information.

Our practice adheres to 'National Privacy Principles for the Management of Health Information in Private Medical Practice', and to the 'RACGP Handbook for the Management of Health Information'.

Your personal medical information may be collected, used and disclosed for the following reasons.

- For use by Medical practitioners in this practice when consulting with you.
- For communicating relevant information with other treating doctors, specialists or allied health professionals, to help achieve better health outcomes for you.
- For follow-up, reminder and recall notices.
- For accounting, Medicare or Insurance purposes.
- Quality assurance activities such as accreditation.
- As required by law.
- For employment, Workcover, Rehabilitation purposes where you have attended for that purpose.

This consent form enables us to collect and use your information to provide comprehensive, coordinated and continuing whole person medical care.

We will require a separate specific signed authority from you to release medical information, or a copy of our records, about you to insurance companies, lawyers or another Medical Practice, unless we are required by law to release this information.

The people that have access to your medical information are:-

- The doctors at "GPs on Curzon".
- The nurses at "GPS on Curzon".
- The senior Administrative staff at 'GPs on Curzon'.

Other people including the administration staff, have access to your general, demographic and financial information, and may be exposed at various times to some medical information about you in the general course of looking after your health outcomes.

We will at no time divulge any information except in the above scenarios. Any breaches of this policy will be considered serious misconduct.

If you have any questions in relation to this consent form or our privacy policy, please ask our practice manager or the Doctor that you are seeing.

Access to the personal information held by us, about you, can be requested of the practice manager, or to the treating practitioner.

I consent to the collection and use of my information as described above and in the privacy policy:

Patient Name:

Signature of patient/ person responsible*

Print Full Name (if different to patient) Date:

*A "person responsible" means a person defined as a "person responsible" under the Privacy Act 1988 including the patient's partner, family member, carer, guardian, close friend, and a person exercising power under an enduring power of attorney.