



Walker Street
DOCTORS

Title	Surname	First Name
Date of Birth		
Address		
Phone (m)	(h)	(w)
Email		
Country of Birth/Nationality		
Occupation		
Are you of Aboriginal or Torres Strait Island origin?	Yes	No
Medicare Card Number	Your number on card:	
Australian Pension Number	Expiry	
Health Care Card Number	Expiry	
Veteran Affairs Number	Card Type (gold/white)	
Name of emergency contact		
Relationship		
Phone (m)	(h)	(w)

How did you hear about us? Family/Friend Website/Google
 Allied Health Specialist Other



Patient Consent for Practice Communications

The purpose of this form is to inform you and seek your consent to the use and disclosure of your personal information (including health information) in regards to our reminders and notifications systems within our practice.

This general practice is committed to providing our patients with quality health care. As part of our commitment, we have implemented technology solutions to enable communications with our patients via SMS and email. In keeping with our obligations under the Privacy Act 1988 (Cth) and Australian Privacy Principles and under State and Territory health records legislations, we wish to inform you of the purposes for which we may use your personal information and how we may use and disclose your personal information (including health information). The practitioners at Walker Street Doctors adhere to the AMA code of Ethics regarding Privacy and Confidentiality, please be assured that your medical records and consultations are kept in the strictest confidence.

From time to time we will communicate with you regarding:

1. Appointment reminders – via SMS to remind you of upcoming appointment;
2. Clinical reminders – via email, SMS or phone to remind you to contact the practice to arrange appointments for regular clinical check-ups, medical procedures, immunisations due;
3. Clinical communications – communications to you about your clinical care at the practice such as pathology or radiology results or clinical messages from the medical practitioner.

As part of the provision of health care services to you we will send you appointment reminders, clinical reminders and clinical communications from time to time.

To the extent practicable, we will send you communications via SMS or email using the contact details you provide to us.

Acknowledgements and Consent

I acknowledge and agree that, in the course of providing health care services to me, the general practice may need to disclose my personal information (including any health information) as set out in this form.

I acknowledge that the practice will use contact details provided by me (as updated by me from time to time) to communicate with me.

Please complete and sign below if you agree to the acknowledgments and consent to the above.

Patient Name: _____

Parent/Guardian Name
(if patient is under 16) _____

Signature: _____

Mobile number: _____

Email address: _____