



Patient Registration

Please complete the form and return to us via email or on the day of your consultation.

SURNAME (Miss/Mrs/Mr/Ms/Dr) _____

First Name: _____ Date of Birth: _____

Address: _____

_____ Post Code: _____

Phone: (H) _____ (W) _____

Mobile: _____ Marital Status: _____

Email address: _____

Medicare Number: _____ **Reference:** _____ **Expiry Date:** _____

Do you have private health insurance? Yes No

Name of Fund: _____ Membership No: _____

Do you have a Pension Card? Yes No Pension Number: _____

Veterans Affairs Number: _____ Colour of Card: _____

Your usual General Practitioner

Name: Dr _____

Address: _____

Postcode: _____ Phone No: _____

Person responsible for the account IF other than the patient

Name: _____

Address: _____

Phone No: _____

DOB: _____ / MEDICARE REFERENCE NO _____

EMERGENCY CONTACT

Surname: _____ First Name: _____

Address: _____

Post Code: _____ Relationship to you: _____

Phone: _____ (H) _____ (W) _____ (MOB)

Are you happy if we communicate with you by SMS? Yes No

Are you happy for us to email your results where appropriate? Yes No



Privacy Information and Consent Form

The law gives you certain privacy rights in relation to information that you give to this medical practice. We need your consent to collect personal information about you. The fact that you have come here implies that you consent to us knowing about your health situation either for a particular event or generally. This form explains your rights in relation to the use of the information and, how we may disclose it to other medical service providers.

The information we ask you to give us is deeply personal. However, not having it will restrict our capacity to provide you with the standard of medical care that you expect.

Please carefully read the following information about privacy issues and then sign this form. It will go on your file and you may examine it or change it at any time.

We collect information from you mainly to assess, diagnose and treat your illness properly and be pro-active in your health care. We will also use the information you provide in the following ways:

- Administration of this medical practice;
- Billing, including compliance with Medicare and Health Insurance Commission requirements;
- Disclosure to others involved in your care, including doctors and specialists outside this practice who may become involved in treating you. This may occur through referral to other doctors, or for medical tests and, in the reports returned to us following the referrals. If necessary, we will discuss this with you;
- Disclosure to other doctors in the practice and locums if required.

PATIENT ACKNOWLEDGEMENT

I have read this form and understand why collecting information about me is necessary. I am also aware that this practice has a privacy policy for managing patient information.

I understand that I am not obliged to provide any information requested of me. I also understand that failure to provide this medical practice with all the information it needs may restrict the ability to provide the quality of health care and treatment that I require.

I am aware that I have the right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.

I understand that if my information is to be used for any purpose other than that set out above, my permission, in writing, will be sought before any action is taken.

I acknowledge that I have read this form before signing it and, that a member of staff of this practice has, at my request, clarified any aspects of it that I did not at first understand.

CONSENT FOR RELEASE OR ACQUISITION OF MEDICAL INFORMATION/RECORDS

I hereby give my permission for Dr Amott or Dr Yuen to either release or request any medical information/records relevant to me as required.

Signed _____ Dated ___/___/___

Name (please print) _____



Why do I need a current referral?

A valid referral is essential to be eligible to claim through Medicare.

Why does the referral need to be sent before the consultation?

The referral outlines the nature of your problem. Our Surgeons will review the referral to ensure an appropriate appointment is made according to the needs of the patient.

Can someone attend the consultation with me?

You are welcome to attend the appointment with a relative or friend if you wish.

How can I make the most of my consultation?

Bring all x-rays and test results with you to your consultation, and make a list of questions you may need to ask our Surgeons Dr Amott or Dr Yuen.

Why do I have to pay a fee to see the Surgeons?

This is a private practice which offers the expertise of Dr Amott and Dr Yuen as ENT Surgeons, as well as offering exceptional patient care and service.

What is a Nasendoscopy and why would I need to have one?

Nasendoscopy involves passing a small flexible telescope, about the size of a piece of spaghetti, into the nostrils, to look directly at all parts of the nose, the back of the nose, and the throat, as far down as the voice box and beginning of the food pipe. The procedure takes about one minute in total, and a numbing spray is used to make the experience more pleasant.

Performing Nasendoscopy allows our Surgeons to make an accurate diagnosis of nose and throat conditions, as well as many ear problems, and will often avoid the need for more expensive and invasive investigations.

Do our Surgeons see all ear, nose and throat conditions?

Dr Amott and Dr Yuen are able to assess and diagnose all ENT conditions. They are skilled in treating the vast majority of conditions in this area. Although there are a small number of very complex ENT operations that they do not perform, they will facilitate a rapid referral to another colleague skilled in that they feel is appropriate for your care.