



## 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) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Marital Status: \_\_\_\_\_ Email address: \_\_\_\_\_

**Medicare Number:** \_\_\_\_\_ **Reference:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

Do you have private health insurance –? Yes  No  **Hospital Cover Only**

Name of Fund: \_\_\_\_\_ Membership No: \_\_\_\_\_ Ref No: \_\_\_\_\_

Do you have a **BLUE** Pension Card?  Yes  No Pension Number: \_\_\_\_\_

Veterans Affairs Number: \_\_\_\_\_ Color of Card: \_\_\_\_\_

**Have you been fully vaccinated against COVID 19** Yes  No

### Usual General Practitioner

Name: **Dr** \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

### Dentist or Other Specialist Details – (That would be of interest to the ENT Surgeon)

Name: **Dr** \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

### Person responsible for the account IF other than the patient and if patient under the age of 18

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No: \_\_\_\_\_

DOB: \_\_\_\_\_ / MEDICARE REFERENCE NO \_\_\_\_\_

### Emergency Contact

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (M)

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

Are you happy for us to collect information about the areas of your care for Quality

Improvement & Audit purposes (No names are disclosed) 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 an 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 Private Health Fund requirements;
- Disclosure to others involved in your care, including doctors, specialists & healthcare providers 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;
- Participate in the Australasia Society of Otolaryngology Head & Neck Surgery (ASOHNS) National Surgical Audit, for the purpose of ensuring our doctors are providing appropriate care of adequate quality compared to our professional's standard.

## 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 and other ENT NORTH Associates to either release or request any medical information/records relevant to me as required.

Signed \_\_\_\_\_ Dated \_\_\_/\_\_\_/\_\_\_ Name (*please print*) \_\_\_\_\_



65 Holmes Rd  
Moonee Ponds VIC 3039  
P |1300 357 338  
F |1300 247 338  
E [reception@entnorth.com.au](mailto:reception@entnorth.com.au)  
W | [www.entnorth.com.au](http://www.entnorth.com.au)

### **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 Surgeon 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 Hill.

### **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 Hill 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?**

Our Surgeons can 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 operation they feel is appropriate for your care.