



Mr / Mrs / Ms First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact Details

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ State: \_\_\_\_\_  
Relationship to Patient: \_\_\_\_\_  
Medicare Number: \_\_\_\_\_ Reference on card: \_\_\_\_\_  
Private Health Fund: \_\_\_\_\_  Extras  Hospital  
Membership Number: \_\_\_\_\_ Reference on card: \_\_\_\_\_  
Health Care/Pension/DVA Number: \_\_\_\_\_  
Type (circle): Aged Pension/DVA/Other

### Referring Doctor

Specialist/GP (circle): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Usual GP (if different from above): \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Usual Dentist: \_\_\_\_\_

#### Gold Coast Private Hospital

Suite 4 Ground Floor  
14 Hill Street  
Southport QLD 4215

#### Tweed Specialist Centre

Suite 8 1st Floor  
38 Boyd Street  
Tweed Heads NSW 2485

### Our Services

In-Office IV Sedation  
On-Site Radiology  
On-Site Pathology  
HiCaps  
DentiCare Pay Plans  
Wisdom Teeth  
Dental Extractions  
Dental Implants  
Bone Grafting  
Soft Tissue Grafting  
Sinus Lift  
Oral Surgery  
Exposure & Bonding  
Jaw Corrective  
Facial Trauma  
TMJ  
Oral Pathology  
Oral Medicine  
Skin Cancer  
Sleep Apnoea  
Salivary Gland  
Head & Neck Cancer  
Facial Reconstruction



Do you smoke? \_\_\_\_\_ per day  
Do you drink alcohol? \_\_\_\_\_ per week on average  
Do you have any allergies? \_\_\_\_\_

**Please tick the boxes below if you have experienced any of the following**

- |  |  |
|--|--|
| <input type="checkbox"/> Heart Disease       | <input type="checkbox"/> Liver or Kidney Disease |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Osteoporosis            |
| <input type="checkbox"/> Diabetes            | <input type="checkbox"/> Radiation Treatment     |
| <input type="checkbox"/> Anaphylaxis         | <input type="checkbox"/> Sinus Troubles          |
| <input type="checkbox"/> Respiratory Disease | <input type="checkbox"/> Stroke                  |
| <input type="checkbox"/> Chemotherapy        | <input type="checkbox"/> Bleeding Problems       |
| <input type="checkbox"/> Cancer              | <input type="checkbox"/> Vascular Disease        |

**Please list any medication you are taking**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**Are there any other medical practitioners you would like to have copied on correspondence apart from your referring doctor and usual GP?**

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Gold Coast Private Hospital**  
Suite 4 Ground Floor  
14 Hill Street  
Southport QLD 4215

**Tweed Specialist Centre**  
Suite 8 1st Floor  
38 Boyd Street  
Tweed Heads NSW 2485

**Our Services**

- In-Office IV Sedation
- On-Site Radiology
- On-Site Pathology
- HiCaps
- DentiCare Pay Plans
- Wisdom Teeth
- Dental Extractions
- Dental Implants
- Bone Grafting
- Soft Tissue Grafting
- Sinus Lift
- Oral Surgery
- Exposure & Bonding
- Jaw Corrective
- Facial Trauma
- TMJ
- Oral Pathology
- Oral Medicine
- Skin Cancer
- Sleep Apnoea
- Salivary Gland
- Head & Neck Cancer
- Facial Reconstruction



## CONSENT TO COLLECT PATIENT INFORMATION

This medical practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and medical history so that we may properly assess, diagnose, and be proactive in your care needs. We will use the information you provide in the following ways:

1. Administrative purposes in running our medical practice.
2. Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
3. Disclosure to others involved in your health care, including referring doctors and specialists outside this medical practice as advised by you.

I understand the reasons why my information must be collected.

I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me.

I am aware of my 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 the above, my consent will be sought.

I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure of which I may notify this practice.

Signed:

Date:

Patient or Guardian Name (Please print):

## Our Services

In-Office IV Sedation  
On-Site Radiology  
On-Site Pathology  
HiCaps  
DentiCare Pay Plans  
Wisdom Teeth  
Dental Extractions  
Dental Implants  
Bone Grafting  
Soft Tissue Grafting  
Sinus Lift  
Oral Surgery  
Exposure & Bonding  
Jaw Corrective  
Facial Trauma  
TMJ  
Oral Pathology  
Oral Medicine  
Skin Cancer  
Sleep Apnoea  
Salivary Gland  
Head & Neck Cancer  
Facial Reconstruction

### Gold Coast Private Hospital

Suite 4 Ground Floor  
14 Hill Street  
Southport QLD 4215

### Tweed Specialist Centre

Suite 8 1st Floor  
38 Boyd Street  
Tweed Heads NSW 2485