



Acquaintance Form:

Your medical records need to be accurate, up-to-date and complete in order for the practice to provide you with ongoing medical treatment and advice.

Please fill in the following form, then FAX to 9389 5818 or POST to Suite 1605, 101 Grafton Street, Bondi Junction 2022 or email to reception@gfwbj.com.au PRIOR TO YOUR APPOINTMENT.

Surname(Miss/Ms/Mrs/Dr/Mr): _____ First name(s): _____

Address: _____ Postcode: _____

Mailing address:(if different): _____

Would you be happy to receive any relevant correspondence including results to your email address? Yes ☐ No ☐

Email address: _____

Would you be happy to receive an SMS to your mobile regarding appointments? Yes ☐ No ☐

Occupation: _____ D.O.B: _____

Telephone:Home: _____ Work: _____ Mobile: _____

Health Insurance Fund: _____

Health Insurance Fund Number: _____ Ref No: _____

Medicare Number: _____ Ref.No: _____ Expiry: _____

Partner's name: _____ D.O.B: _____ Tel: _____

Medicare Number: _____ Ref No: _____ Expiry: _____

Referring doctor: _____

How did you find out about GOALS for Women? (please circle):

- | | | | |
|-------------------|------------------|----------------|-----------------------------------|
| • Friend/Relative | * GP | * Health fund | * Internet (Google/search engine) |
| Specialist | * Yellow pages | * Yellow pages | * Online White pages |
| Hospital: _____ | Newspaper: _____ | | |
| Magazine: _____ | Other: _____ | | |

GOALS for Women is a PRIVATE medical practice and fees are payable at the time of consultation. The fees charged are generally based on those recommended by the Australian Medical Association; these will be more than Medicare rebate. Should payment of fees present a problem, please discuss this with your doctor.

I understand that there is a minimum consultation fee on the day; any procedures and/or pathology performed on the same day will attract further costs. Please enquire from our receptionists prior to the consultation and the doctor on the day what these costs may be before the procedure is performed to ensure you agree with the costs.

Signature: _____ Date: _____

Please turn over to fill in details located on the other side of this page.

GOALS for Women - Privacy Policy

We are committed to safeguarding the privacy of patient information and comply with the National Privacy Principles contained within the Privacy Act 1988 and the amendments made by the Privacy Amendment (Private Sector) Act 2002; a copy of our policy is available for inspection at the reception desk.

When you attend this practice we carry out what we consider to be a normal community standard of medical care; this usually involves collecting personal details and medical history, conducting a physical examination, and recording findings of results through text, photographs or video, so that it can provide medical treatment and advice. Test results and further information may need to be collected and kept in the medical record.

We collect information directly from patients to the greatest extent possible. On occasions it may be necessary to collect information from other health professionals who have treated you in the past.

Our practice requires all our staff to treat your information confidentially and to be discreet. It may be necessary to transfer patient information to your nominated local GP, or to a treating hospital, or to another specialist for a referral, or for pathology tests and x-rays, to assist with your medical treatment.

Please notify the staff or your treating Doctor if you have specific restrictions regarding this practice.

I have read and understand the above information concerning the Privacy Policy of *GOALS for Women*.

Signature: _____ Date: _____