BOWEL DIAGNOSTICS & THERAPY

Keeping your health record complete and accurate helps us to provide quality care. Your personal health information is kept private and secure as required by federal and state privacy.

BOWEL DIAGNOSTICS



PERSONAL DETAILS

Title Given Name(s)	
Surname	
Preferred Name (if different to above)	
Date of Birth / / Address	Gender ☐ Male ☐ Female ☐ Other
Mobile Phone	
Email	
HEALTH COVER	
Medicare Numer Ref	Expiry / /
Concession Card CRN	Expiry / /
Card Type ☐ Concession Card ☐ Pension Card	
DVA Number	Card Type □ Gold □ White
Private Health Number	Fund Name
GP Name	Practice Name
NEXT OF KIN	
Next of Kin Name	Relationship
Phone Number	
Emergency Contact	Relationship
Phone Number	
BACKGROUND	
Do you identify as Aboriginal and/or Torres Strait Islande No Yes - Aboriginal Yes - Torres Strait Islande Knowing your cultural background helps us provide health care that me Have you had a chronic illness for 6 months or longer? No Yes - please describe You may be eligible for discounter or bulk-billed allied health services. As	er
CONSENT	
Bowel Diagnostics & Therapy collects information from y quality health care. I understand and consent to my information being stored within the collection of the consent for my initial appointment and investigations to be directly to consent for correspondence being sent to third parties (specialists, Good I consent for correspondence being sent to My Health Record. I consent to be contacted by SMS Email Phone I consent to receiving newsletters and marketing content.	compliant software according to the privacy policy.
Signed Name	Date / /
HOW DID YOU HEAR ABOUT OUR CLINIC?	
☐ Family/Friends ☐ Social Media ☐ Signage	☐ Google ☐ HotDoc ☐ Other