Dr Sneha Bharadwaj

MBBS, FRACP
Consultant Geriatrician
Provider No. 268723JX

Hollywood Specialist Centre
Suite 32/95 Monash Avenue NEDLANDS, WA 6009
Ph: (08) 6118 6956 | Fax: (08) 6323 3327 | reception.autumnstrides@gmail.com

Patient Information Form & Consent

Given name: _____ Surname: _____

Date of Birth: _____/_____/_____

Street Address: _____

Suburb: _____ State: _____ Postcode: _____

Postal Address *(if different from street address):* _____

Suburb: _____ State: _____ Postcode: _____

Contact Numbers: (Home) _____ (Mobile) _____

Email Address: _____

I give consent for the practice and doctor to communicate with me by e-mail, including attachment of letters and results. **Please circle: YES / NO**

Occupation: _____ Marital Status: _____

Medicare Number: _____ Ref: _____ Expiry: _____

Pensioner Number: _____ Expiry: _____

DVA (Vet Affairs) Number: _____ Circle: Gold / White

Private Health Fund: _____ Membership Number: _____

Do you have hospital cover with your private health insurance? Yes / No

Usual GP *(if different from the referring Doctor):* _____

GP Contact Details: _____

Emergency/Next of Kin Contact:
Name: _____ Contact Number: _____

Email Address: _____ Relationship: _____

Please turn over…

Dr Sneha Bharadwaj

MBBS, FRACP
Consultant Geriatrician
Provider No. 268723JX

Hollywood Specialist Centre
Suite 32/95 Monash Avenue NEDLANDS, WA 6009
Ph: (08) 6118 6956 | Fax: (08) 6323 3327 | reception.autumnstrides@gmail.com

Patient Consent & Privacy Act

The Privacy Act of 1988 requires medical practitioners to obtain patient consent to collect, use and disclose their personal information. The practice staff and medical practitioners may participate in the collection of information required to treat and advise you. This includes: Full medical history, family medical history, ethnicity, genetic information, contact details; Medicare/private health fund, billing and account details, information obtained from other sources, for example, (1) Other doctors (current or former), allied health professionals, dentists, hospitals and day surgery units, or (2) Relatives or other sources, in emergency situations where we cannot obtain your prior express consent.

Financial Consent:
Autumn Strides operates as a private billing practice. All consultation invoices are to be paid on day of appointment and can be sent to Medicare for rebates.

CONSENT

- I provide my consent for Dr Sneha Bharadwaj to collect, use and disclose my personal information as outlined above.
- I understand that I am entitled to access my own health records except where access would be denied as outlined above.
- I authorise the disclosure of all past and present protected health information requested by Dr Sneha Bharadwaj from health care professionals, hospitals or organisations.
- I understand that I may withdraw my consent as to use and disclosure of my personal information (except when legal obligations must be met).
- I understand the fee structure and agree that I am responsible for full payment of account fees, on the day of the consultation or prior to the consultation.

Patient Name: _____

Signature: _____

Date: _____/_____/_____