Sonia Anwar
GYNAECOLOGY
MBBS, MRMed, FRANZCOG

New patient registration

Please complete all three pages and return by email or fax or bring to your appointment.

Email: admin@drsoniaanwar.com

Fax: 07 3112 4126 Ph. 07 3463 0642

Personal details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other:

Given name(s):

Surname:

Preferred name:

Date of birth:

Home address:

Postal address:

Preferred phone: Other phone:

Email:

Next of Kin / Emergency contact

Name:

Relationship:

Preferred phone: Other phone:

Medicare

I am eligible to receive Medicare benefits: ☐ Yes ☐ No (go to next section)

Medicare number:

Reference number: Valid to:

Private Health Insurance

I have private health insurance with hospital cover: ☐ Yes ☐ No (go to next section)

Name of health fund:

Member number:

Department of Veterans Affairs

I am a DVA card holder: ☐ Gold ☐ White ☐ No (go to next section)

File number: Card expires:

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Health care provider details

Name of referring doctor:

Referring doctor practice name or location:

Name of your regular GP:

Regular GP practice name or location:

Do you want any other health care providers to receive copies of our correspondence? Please list their details below.

Medical history

Do you have any current or past medical issues? (eg. heart disease, diabetes). Please list below.

Have you ever had any operations? Please list below.

Do you take any prescribed, over the counter, or complimentary medicines? Please list below.

Do you have any allergies? Please list below.

How did you find out about our practice?

Please select all options that apply.

- ☐ GP/Specialist
- ☐ Google search
- ☐ BUC website
- ☐ Community group
- ☐ Newspaper/Magazine
- ☐ Word of mouth
- ☐ Other:

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Privacy and information sharing

How we use your information

SA Gynaecology collects information that is necessary to provide you with medical care and manage our medical practice. You are not obliged to provide us with the information we request from you, but failure to do so may compromise the quality of the care we provide

We use your information in the following ways:

- Administrative purposes, including contacting you by telephone, SMS, and email (see below).
- Billing, including corresponding with Medicare, your private health fund, and/or the Department of Veterans Affairs.
- Communication with other health care providers.
- Communication with your nominated emergency contact/next of kin.
- Undertaking clinical audits.
- There are circumstances where we may be required by law to disclose information to third parties.

If you have any questions about how we use your information, please ask our practice staff. If your information is to be used for any other purposes, further consent will be obtained. You are entitled to access the information collected about you, except in certain circumstances permitted by law. In this situation, we will tell you why access is denied and the options you must respond to our decision.

Our full privacy policy is available on our website and in our office.

Communicating with you by email

Email is a convenient method for written communication; however, email security cannot be guaranteed, and information transmitted by email may be intercepted by third parties. Provided you understand and accept this risk, you can choose to allow SA Gynaecology to communicate with you by email.

If you chose to communicate with SA Gynaecology by email, we may send you emails including the following information:

- Personal details (eg. name, date of birth, address, emergency contact).
- Information related to your medical care.
- Details regarding planned operations or procedures.
- Financial information related to your medical care.

I understand that my information will be accessed and used by medical and non-medical staff of SA Gynaecology as described above.		
I give permission for SA Gymaecology to communicate with me via email, including sending documents which may contain personal or medical information. I understand that the security of information sent via email cannot be guaranteed.	☐ Yes	☐ No
I give permission for SA Gynaecology to obtain medical information relating to my condition from other healthcare providers (eg. my GP, specialists, pathology, and radiology providers).	☐ Yes	☐ No
Full name:		
Address:		
Date of birth:		
Signature: (Leave blank if completing electronically)	Date:	