



SYNAPSE NEUROLOGY

Level 3, Suite 302, 12 Ormond Boulevard, Bundoora

Dr Debo Gorai

PATIENT REGISTRATION FORM

TITLE: MR/MRS/MS/OTHER..... SURNAME:.....
 GIVEN NAMES:..... DATE OF BIRTH:.....
 TELEPHONE: HOME:..... MOB:.....
 BUS:..... EMAIL:.....
 ADDRESS (P.O. BOXES NOT ACCEPTED FOR MEDICARE):.....
 POST CODE:.....
 OCCUPATION:.....

MEDICARE # REF # EXPIRY:.....

DO YOU HAVE PRIVATE HEALTH INSURANCE? YES NO
 IF YES, NAME OF FUND..... MEMBERSHIP #.....

IS THIS TAC/WORKCOVER RELATED? YES NO
 VETERAN AFFAIR #.....

REFERRING DOCTOR: NAME:.....
 ADDRESS:..... PHONE:.....
 REGULAR GENERAL PRACTITIONER/DOCTOR: NAME:.....
 ADDRESS:..... PHONE:.....

NEXT OF KIN:..... PHONE:.....
 RELATIONSHIP:.....

Please note that all charges are payable on the day of consultation.
 Please sign that you accept the fees and charges and our Privacy Act on page 3

Signature: _____ Date: _____

YOUR RELEVANT MEDICAL HISTORY:

Heart disease/Angina	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
High Blood Pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Migraine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cholesterol/Triglycerides Elevated	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Smoking	<input type="checkbox"/> Ex-Smoker	<input type="checkbox"/> Yes	<input type="checkbox"/> Never	Alcohol Intake	Per Week
Allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Please specify.....		

Major Illness/Hospitalisation:.....

Current Medications:.....

Family History:		Relation (e.g. Mother, Father, etc.)
Parkinson's Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relation:.....
Alzheimer's Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relation:.....
Multiple Sclerosis	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relation:.....
Tremor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relation:.....

Synapse Neurology has developed a privacy policy in accordance with the Privacy Act as detailed below.

This practice is committed to complying with the Australian Privacy Principles contained in the Privacy Act 1988 (Commonwealth) and with the Health Records Act 2001 (Victorian) which require this practice to have an up to date policy about how we manage personal information.

Your personal information will be held in the utmost confidence. The new privacy principles protect the rights of the patient with regards to the use of information provided to this practice and also provide patients with the right to review their own record and correct any issues they believe to be incorrect. It is the aim of this practice to follow the rules and ensure that any information you disclose is kept in the strictest confidence.

In this practice, all patient information is kept in an electronic file (database) that is securely locked. Only the doctors and the practice employees have access to the files. By coming to the consultation, you are consenting to the collection of your health information. This is required for the doctors to provide you with quality health care. If there is information you do not disclose, that information cannot be considered in the management of your medical problems. All personal information is kept up to date, and all results and correspondence are filed promptly.

Information will be forwarded to your referring doctor and any other health care professional you care to nominate, in the course of normal medical management. Your information may also be disclosed to another doctor if further tests are required (the need for such tests will always be first discussed with the patient). Any information you do not want disclosed should be clearly identified at the time of consultation. We will seek your written consent before releasing your information to any other party unless it is a medical emergency. As per the appropriate legislation, when the practice is directed to do so, for legal purposes, information may be disclosed to a court or its officers. Information may also be disclosed to medical defence organisations, insurance companies and lawyers, without obtaining prior consent in rare circumstances.

The National Privacy Principles provide the patient with the right of access to the information accumulated by this practice. It is our policy that patient records be made available to the patient upon request. A charge may be rendered to cover the costs of retrieving and copying the information and for and for the doctor's professional time if there is any requirement for the preparation of specific reports. Our concern is that the best standard of care to be provided to all patients, and that the confidentiality be maintained at all times in keeping with the National Privacy Principles and in line with the appropriate legislation. Your personal information is treated with respect and great care at all times. If you have any concerns about your privacy, please discuss these with your neurologist. By signing this document, you are agreeing to the above terms and conditions with regards to your privacy.