

Dr Aref Arjomand

PATIENT INFORMATION & CONSENT FORM

(Mr/Mrs/Miss/Ms/Dr)

First Name: _____ Surname: _____ Date of Birth: _____

Address: _____

Postal Address(if different to above): _____

Home Ph: _____ Work Ph: _____ Mobile: _____

YES / NO for SMS appointment reminder (please circle)

Email: _____

Next of Kin: _____ Relationship: _____

Home ph: _____ Work Ph: _____ Mobile: _____

Second contact: _____ Relationship: _____

Home ph: _____ Work Ph: _____ Mobile: _____

MEDICARE/PRIVATE HEALTH ETC

Medicare No.: _____ Reference No.: _____ Expiry Date: _____

Private Health Insurer: (Only if covered for Hospital) _____

Member No.: _____ Level of cover: _____ DVA No.: _____ Gold/white

Pension/Healthcare Card No.: _____ Exp Date: _____

Regular GP: _____ Practice: _____

Covid Vaccine Status: _____

Privacy Policy (Full copy available to view at request)

Medical care requires full knowledge of private health information by all members of a medical team. In accordance to the Privacy Act 1988, your information may be shared with other health providers from time to time, this may include, but not limited to, referring doctors, pathology laboratories, radiology practices, anaesthetists, other health providers and debt collection agencies. Some information may also be provided to Medicare and private health funds, if relevant, for billing and Medicare rebate purposes. Health information may be used for 'secondary purposes' such as auditing surgical results, clinical research etc. these activities should be a normal part of a good surgical practice. Record keeping for Vascular surgery may also include photos and radiology images. The privacy of individual patients is strictly maintained when reporting results of audits or research to the profession. You may request access to your records. A copy of our privacy policy is available on request.

Fee Policy

Fees associated with your consultations are payable on the day. All fees associated with any surgical procedure are due and payable at least 7 days prior to the date of surgery. In the event of the Customer being in default of his obligation to pay and the overdue account is then referred to a debt collection agency, and/or law firm for collection, the commission payable calculated on the basis of the debt being paid in full and legal costs incurred either directly or by the collection agency on an indemnity basis shall be added to the amount outstanding and form part of the debt. In the event of Cancellations fees will apply.

I _____ (name) authorize Dr Arjomand to release or obtain my records to or from other healthcare professions for the purpose of my healthcare treatment and understand Dr Arjomand's's Fee Policy.

Signature: _____ (if guardian, relationship to patient): Date: _____