GOLD COAST surgical group

Dr Danielle Ghusn
BREAST & ENDOCRINE SURGEON

Dr Michael Ghusn
GENERAL SURGEON

Dr Su-lin Leong
BREAST & ENDOCRINE SURGEON

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GENERAL & HPB SURGEON

Tel: 07 5598 0644 Fax: 07 5598 0666 Email: reception@goldcoastsurgicalgroup.com

Personal Details

Title:		First Name:		Middle Name:	
Last Name:					
Date of Birth:			Gender:	M / F	

Contact Details

Address:					
Suburb:		Postcode:			
Mobile:		Phone H:		Phone B:	
Email:					

Medicare / Fund Details

Medicare#		Ref#		Expiry Date:	
Health Fund:				Fund Member#	
Pension#	(AGE or DSP accepted)				

Next of Kin Contact Details

Contact First Name:		Contact Last Name:	
Contact Mobile:		Relationship to patient:	

GP and Other Specialists

GP Name:		GP Practice:	
Specialist Name:		Specialist Suburb:	
Specialist Name:		Specialist Suburb:	

Allergies and Medications

Allergies:	*	*
Medications:	1.	3.
	2.	4.

PATIENT CONFIDENTIALITY – Patient Consent

- I consent to the collection of my personal health information, including information from others associated with my health care in order to meet my current and ongoing health needs.
- I consent to the taking of photographs and X-Rays before, during and after treatment and to the use of same by the doctor in scientific papers and demonstrations.
- I consent to the use of my personal information for administrative and billing purposes, including compliance with Medicare Australia and the Health Insurance Commission.
- I acknowledge there may be a need to contact me and I permit the use of telephone numbers and email address that I have provided. By providing these contact details, I accept that a message may be left with the person answering these numbers or email address.
- If there are any changes to my personal details, I accept responsibility for informing your office of any such change.

Signature: _____ Date: _____