



PATIENTS SURNAME: _____ PATIENTS GIVEN NAME: _____

PATIENTS DOB: _____ PARENT / GUARDIANS NAME (S) _____

PARENTS DOB (required by medicare for online claiming): _____

PATIENT ADDRESS: _____

HOME PHONE: _____ MOBILE NO: _____

EMAIL ADDRESS: _____

GP NAME/ADDRESS: _____

DO YOU CURRENTLY SEE ANY OTHER HEALTH PROFESSIONALS: _____

MEDICARE NUMBER: _____ CHILDS.REF.NO: ____ .PARENT REF.No. __ EXPIRY DATE: ____

HEALTH FUND NAME AND NUMBER: _____

PRIVACY & CONSENT

This practice is committed to maintaining the confidentiality of your personal health information. Your child's medical record is a confidential document. It is the policy of this practice to maintain the security of your personal health information at all times and to ensure that this information is only available to authorized members of staff.

We take great measures to ensure this commitment, and our full privacy policy is available at reception or via our website. We abide by the 13 Australian Privacy Principles <http://www.oaic.gov.au/privacy/privacyact/australian-privacy-principles>

I understand a copy of QClass Privacy Policy is freely available to me on request: Yes / No

I consent to the use of SMS (Text Message) for reminders about appointments: Yes / No

As part of our high standard of care, our specialists can provide you with copies of correspondence sent to your referring doctor after your consultation. Do you consent to receiving these letters via email: Yes / No

Parent / Guardian Signature: _____

How did you initially hear about Queensland Children's Lung and Sleep Specialists (Please tick)?

- My GP recommended this practice in the first instance
- My Specialist (eg Paediatrician, ENT Surgeon, Obstetrician) recommended this practice
- An allied health professional (eg child health nurse, osteopath, physio) recommended this practice
- I found this practice by searching the internet (eg Google, Bing, Yahoo) then obtained a referral from my GP
- I found this practice by using an online directory (eg HealthEngine, HealthShare) then obtained a referral from my GP
- I found this practice on Facebook, then obtained a referral from my GP
- A practitioner at this practice was recommended by word of mouth / personal recommendation
- I saw an advertisement / article in Brisbane Child / Aussie Kids Magazine, then obtained a referral
- Other _____

Please email this form to reception@qclass.com.au or Fax: 3162 3221 or bring this form with you to your appointment.