



Dr (Jessica) M.A. Yin MBBS FRACS
UROLOGICAL SURGEON

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Appt Date _____ WAITLIST - Y / N

Please return all forms enclosed to our rooms prior to your appointment either by post or via fax (9389 1506)

Patient Information

Please print details

Patient Surname: (Mr/Mrs/Miss/Ms/Dr)	First Name:	Date of Birth:
Address:		
PO Box (if used):		
Home Phone:	Work Phone:	
Mobile:	Perth Phone (if country patient):	
Email:		
Medicare No:	Position on Card:	Expiry Date:
Health Fund:	Membership No:	Expiry Date:

(All patients seen at these rooms need to have full private hospital cover)

DVA No:	DVA Transport required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Referring Doctor:	
Family GP:	Phone:
Address:	
Have you previously been an inpatient at Hollywood Hospital? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you suffer from any infectious disease? (e.g. Hepatitis / HIV / TB) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
Do you take: Aspirin / Warfarin / Clexane or any other blood thinning agents? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Next of Kin Name:	Relationship:
Address:	
Phone:	Mobile:

Please complete other side

Consent Form

It is the policy of this Practice to ensure the confidentiality and security of the personal and health information of those attending. It is also the policy of the Practice to abide by the requirements of the Privacy (Private Sector) Amendment Act 2000.

It is necessary to collect personal information from you for the primary purpose of assisting the development of diagnosis, treatment and further advice concerning a particular health condition, suspected health condition or circumstances relating to health. The personal and health information collected will be used in the following areas:

- Administrative purposes in running the medical practice.
- Billing purposes, including compliance with the Health Insurance Commission and Department of Veterans' Affairs requirements.
- Disclosure to others involved in your health care (including treating doctors, specialists and other healthcare professionals outside this medical practice). This may occur through referral to other doctors, referral for medical tests and in the reports of results returned to this practice following referrals.
- Disclosure to medical staff of private hospitals where this will be of importance in the furtherance of your health care.
- Disclosure for research and quality assurance activities to improve individual and community practice.
- Disclosure to legal and insurance inquiries where such evaluations and information is required for the proper conduct, elucidation and compensation of the matter in hand.

I have read the information provided above and understand the reasons my personal health information is required to be collected. I am also aware that this Practice has a Privacy Policy pertaining to the handling of personal health information of its patients.

I understand that I am not obliged to provide any information requested of me, but that failure to do so might compromise my health care, treatment or – where applicable – the proper evaluation of my disability.

I am aware of my right to access the personal and health information collected, except in some circumstances where access might legitimately be withheld. I understand that if my personal health information is to be used for any other purpose other than set out above, my further consent will be obtained (unless otherwise ordered by a court of law).

I consent to the handling of my personal health information by Dr Jessica Yin for the purposes set out above, subject to any limitations on access or disclosure that I notify to this practice.

Signed: _____ **Date:** _____

Print Name: _____

Personal information means the information which related to an *individual*

Health information means the information which relates to an individual collected by the health services provider during the course of providing treatment and care.