



DR JIMMY ETEUATI

Patient Information Form

Prefix

Dr Prof Mr Mrs Miss Ms

First Name

Surname

Address

Post Code

Telephone Home

Telephone Mobile

Preferred method of contact

Mobile Home Phone Email Text

E-mail Address

Date of Birth

Height

Weight

Do you have private hospital cover

Yes No

Have you been in the fund for 12 months?

Yes No

Health Fund Name

Health Fund Number

Medicare #

Reference #

Expiry Date

Health Care or Pension Card

Expiry Date

Veterans Affairs Number

Card Type

White

Gold

Name of GP

Practice Name

Address

Post Code

Next of Kin (emergency contact person

Relationship

Phone Number

Financial Consent

I understand that all consultation or surgical procedure expenses are my responsibility. I will pay my account in full at date requested by Dr Eteuati and understand that all claiming costs from my private health fund are the responsibility of mine.

Privacy Policy

I understand that my medical and family health history is needed to provide adequate medical diagnoses and treatment. I am aware that my health information may be shared between other health care providers to ensure I am given the best practice care. I agree for photography to be used for recording, teaching and research purposes. For account purposes Medicare, private health funds, hospitals, anaesthetists and assistant surgeons will also be given my details.

Consent

I give my consent to Dr Eteuati and his health team to collect, store, use and disclose my personal details and health information (via all forms of communication) for the sole purpose of delivering me a high standard of care.

Privacy Consent

I consent for Dr Eteuati to pass on my personal details and health information in the interest of my health care.