

## PARADISE ARTHRITIS & RHEUMATOLOGY

### **Rheumatologists**

Assoc. Prof Jennifer NG

Dr Jacklyn Chay

Dr Sateesh Shankaranarayana

Dr Andrew Finch

Dr Gerald Tracey

Dr Sonam Joshi

Dr Armi Salonga

Paradise Arthritis & Rheumatology

Level 4, Suite 5

123 Nerang St, Southport 4215

Ph: 0755 915 542

Fax: 0755 919 128

reception@panr.com.au

### **PLEASE NOTE OUR POLICY REGARDING APPOINTMENT CONFIRMATION/CANCELLATION**

Please complete the following information and bring with you to your appointment.

**To avoid cancellation of your appointment you are responsible for confirming your appointment date and time a minimum of 24 hours in advance of your consultation.**

Thank you for making an appointment. We are pleased to have you as a new patient and enclosed is some information to assist you with your visit to our practice.

Practice Hours:

Monday – Friday 9am – 4.30pm (Phones are off between 12 and 1pm)

On the day of your appointment please bring your **referral** and any other information that may assist in your care.

**Please NOTE we do not do worker's compensation claims.**

### **Consultation Fees:**

Please call our rooms regarding consultation fees.

**We can do the Medicare rebate if your details are registered with Medicare. We do not accept cheques or gap payments.** If an injection is required for pain relief (at the Dr's discretion) the injections are an extra charge.

Please note that our consultation is **payable in full** on the day of your appointment.

**General information for your visit:**

**Free underground parking** is available at Pacific Private Clinic – entry is via Cougal Street.

**Arrival:**

Please arrive at least 20 minutes before your appointment with your referral, Medicare and concession cards for registration.(HCC/New start or Aged Pension)

Often your GP/Specialist may fax or email your referral and pathology prior to your visit. (GP referrals are valid for 12 months, specialist referrals are valid for 3 months).

**Cancellations:**

There is an appointment wait list to see the Doctor's here at Paradise Arthritis & Rheumatology and there are many patients who would be very appreciative if they were contacted to have their appointment moved to an earlier time. If you have to cancel, **please give 48 hours' notice of cancellation** in advance to your appointment time.

**General:**

Thank you once again for making an appointment with us. We look forward to meeting you and we hope this information assists you. Should you have any questions, please do not hesitate to call 0755 915 542.

Yours sincerely

Maureen Hedges – Practice Manager

If you are able to print and fill out personal details form please do so and bring with you to appointment otherwise you can fill out on arrival at rooms.

## Your Personal Details

Your name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Sms Y or N (please circle)

Gender \_\_\_\_\_

Current occupation \_\_\_\_\_

Previous occupation if retired \_\_\_\_\_

Medicare number \_\_\_\_\_ ref \_\_\_\_\_ Exp \_\_\_\_\_

Private Health Fund \_\_\_\_\_ Fund No \_\_\_\_\_

Dva \_\_\_\_\_ Pension No \_\_\_\_\_ Exp \_\_\_\_\_

Please tick -  Aboriginal origin  Torres Strait Island origin

Your General Practitioner  
\_\_\_\_\_

Your Next of Kin

Name \_\_\_\_\_ Telephone No \_\_\_\_\_

Relationship \_\_\_\_\_ Permission to contact Y or N (circle)  
(If unable to contact you or emergency)

Medications list (or attach list)

- |    |     |
|----|-----|
| 1. | 6.  |
| 2. | 7.  |
| 3. | 8.  |
| 4. | 9.  |
| 5. | 10. |

**Allergies to any medications**

\_\_\_\_\_

**Major illness/hospitalisations - last 5 years      Hospital**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

**Please tick the following if you ever had; if you answer yes please write AGE or YEAR started**

	Yes	No		Yes	No
High blood pressure			Miscarriages (female)		
High cholesterol			Broken bones after age 50		
Stomach ulcer			Severe allergies		
Bowel problems			Psoriasis		
Kidney problems			Gout		
Diabetes			Eye problems		

**Please tick YES if there is family history, if yes, give relationship**

		Relationship			Relationship
Rheumatoid arthritis			Osteoporosis		
Lupus/SLE			Ankylosing Spondylitis		
Crohn's/ulcerative colitis			Psoriasis		

**Your Social History**

Have you ever smoked? Y or N (circle) if yes approximate number per day? \_\_\_\_\_

How many years have you smoked?      If stopped, when \_\_\_\_\_

How much alcohol do you drink a day? (N/A if you don't drink) \_\_\_\_\_

Marital status \_\_\_\_\_

If married, health of spouse (circle) Good    Poor    If poor, give details \_\_\_\_\_

Health of others at home (circle)    Good    Poor    If poor, give details \_\_\_\_\_

**I give consent for a chaperone to be present during physical examination when required \_\_\_\_\_**

**I have read and understood the privacy policy.**

**Due to the Privacy & Confidentiality Act, you are required to authorise any correspondence sent via your email provided:**

**Email:** \_\_\_\_\_

**The details given above are correct and true**

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_



## **WE RESPECT YOUR PRIVACY**

We are committed to protecting the privacy of patient information and to handling your personal information in a responsible manner in accordance with the Private Act 199 (Cth), the Privacy Amendment (Enhancing Privacy Protection) Act 2012, the Australian Privacy Principles and relevant State and Territory privacy legislation (referred to as privacy legislation).

This Privacy Policy is current from 22.02.2018. From time to time we may make changes to our policy, processes and systems in relation to how we handle your personal information. We will update this Privacy Policy to reflect any changes. Those changes will be available on our website and in the practice.

We collect information that is necessary and relevant to provide you will medical care and treatment. And manage our medical practice. This information may include your name, address, date of birth, gender, health information, family history, credit card and direct debit details and contact details, This information may be stored on our computer medical records system and/or in hand written medical records/

Wherever practicable, we will only collect information from you personally. However, we may also need to collect information from other sources such as treating specialists, radiologists, pathologists, hospital and other health care providers.

We collect information in various ways, such as over the phone or in writing, in person in your Paradise Arthritis and Rheumatology practice or over the internet if you transact with us online. This information may be collected by medical and non-medical staff.

In emergency situations we may also need to collect information from your relatives or friends.

We may be required by law to retain medical records for certain periods of time depending on your age at the time we provide services.

We will treat your personal information as strictly private and confidential. We will only use or disclose it for purposes directly related to your care and treatment, or in ways that you would reasonably expect that we may use it for your ongoing care and treatment. For example, the disclosure of blood test results to your specialist or requests or x-rays.

There are circumstances where we may be permitted or required by law to disclose your personal information to third parties. For example to Medicare, Police, insurers, solicitors, government regulatory bodies, tribunals, court of law, hospitals, or debt collection agents. We may also from time to time provide statistical data to third parties for research purposes.

**If you have any questions regarding the information we collect from you and hold in your medical records, please do not hesitate to ask us. We are acting in your interests at all times.**