CENTRAL MELBOURNE GASTROENTEROLOGY

Suite 6-7, Level 2, 55 Victoria Parade, Fitzroy Vic 3065 Ph: 9417 5064

Professor Michael A Kamm
MB BS MD FRCP FRACP

Dr Ola Krupinska
MB BS FRANZCP

Ms Angela Khera
BAppSc (Physio)

Ms Isabella Lees-Trinca
B Physio, PG Dip Pelvic Floor

Dr Zina Valaydon
MB BS BSc MedSc FRACP PhD

Dr Chamara Basnayake
MB BS(Hons) FRACP

Ms Erin Russell, Dietitian
Accredited Practising
Dietitian, BNutDiet (Hons)

Ms Annabelle Citroen
B Physio(Hons), PG Cert Pelvic
Floor Physio

Dr Michael MacIsaac
BBiomed MD FRACP

Mr/Mrs/Miss/Ms/Dr/Other (Circle one)   **DATE of first appointment:**

Surname: _____   Date of Birth: _____

Given Names: _____   Email: _____

Address: _____   Post Code: _____

Home Phone No: _____   Work Phone No: _____

Mobile: _____   Pension/HCC No: _____   Expiry: _____

Medicare Card No: _____   Ref. No. on card: _____   Expiry: _____

Private Health Insurance: _____   Member No: _____

DVA No: _____   TAC No: _____   Date of accident: _____

WorkSafe Claim No: _____   Insurer: _____   Contact: _____

REFERRING DOCTOR:
Name: _____   Address: _____

Telephone No: _____   Provider No: _____

GP: (if not referring doctor)
Name: _____   Address: _____

Telephone No: _____   Provider No: _____

EMERGENCY CONTACT/NEXT OF KIN
Name: _____   Relationship: _____   Contact No: _____

PRIVACY POLICY – On 21/12/01 the Federal Privacy Act of 1988 was amended to apply to all doctors in private practice. The National Privacy Principles (NPPs) require that fully informed voluntary consent is obtained before or as soon as practical after the collection of health information. This is particularly important for 'secondary purposes' such as auditing clinical results and carrying out clinical research etc. These quality assurance activities should be a normal part of good medical practice. Record keeping may also be in the form of clinical photographs. The privacy of individual patients is strictly maintained when reporting the results of audits or research to the medical profession. You may request access to your records. Please discuss concerns about the privacy of your personal information with Professor Kamm.

I have read, understood, and agree with the above policy on privacy, and am aware of the Fee Structure:

_____   _____
(Signature)   (Date)