CENTRAL MELBOURNE GASTROENTEROLOGY

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Professor Michael A Kamm
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B Physio, PG Dip Pelvic Floor

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

Dr Daniel Hubik
MBBS MPsychiatry FRANZCP

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:

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)