CLINICAL ASSOCIATE PROFESSSOR MICHAEL JW COOPER (OAM)

GYNAECOLOGIST & ENDOSCOPIC SURGEON
MB BS FRANZCOG FRCOG MHKCOG

TITLE: Mrs Miss Ms **DATE**

SURNAME **FIRST NAME**

ADDRESS & POSTCODE

TELEPHONE (H) **(W)** **(M)**

DATE OF BIRTH

EMAIL ADDRESS

OCCUPATION

PRIVATE HEALTH FUND NAME AND NO. **MEDICARE NO.**

REFERRING DOCTOR

NAME & ADDRESS OF LOCAL GP IF NOT REFERRING DOCTOR ……

…….

OTHER DOCTORS YOU WISH CORRESPONDENCE TO SENT TO …….

……..

MEDICAL HISTORY

Obstetric History: **Number of pregnancies:**

Number of children: **(Delivery method, vaginal or Caesar)**

When was your last pap smear?

Major operations and Years (including laparoscopies)

Major illnesses (eg. asthma, diabetes, and epilepsy)

Medications (incl the Pill)

Allergies

Any significant family history of major illnesses (eg. cancer, early menopause, early heart attacks)

Height …… Weight ……. BMI -

FOR NEW PATIENTS ONLY

1. **How did you hear about this practice?**

☐ **GP(G)** ☐ **Specialist(S)** ☐ **Friend(F)** ☐ **Genea (G)** ☐ **Advertising(A)** ☐ **Internet(I)** ☐ **Other(O)**

PRIVACY AND INFORMATION HANDLING POLICY

This medical practice is committed to providing quality health care for patient. All staff recognise the importance of ensuring that our patients are fully informed and involved in their care.

As a health care provider in the private sector, this practice is bound by and adheres to "National Privacy Principles". These principles set the standards for how we handle your personal information. A copy of the "National Privacy Principles"is available upon request.

This practice needs to maintain personal files for your healthcare. These contain:-

- Your personal details (name, address, date of birth, etc)
- Your medical history
- Referrals from and to other health service providers
- Results and reports received from other providers.

Your personal information is handled with the utmost respect for your privacy. Our staff are bound by strict confidentiality agreements as a condition of their employment.

We will not release the contents of your personal file to a third party without your consent. However, if you accept referral from this practice to another health care provider, it is assumed you consent to correspondence being sent to that provider. You will be asked to acknowledge this below.

Exceptions to disclosure of information may occur. If information is sought by subpoena, the practice is legally obliged to provide this without your consent. Our liability insurers ask that any unsatisfactory outcomes be notified, and in this event a report would be sent. Finally, your contact details (but not clinical records) would be sent to a third party collection agency in the event that you fail to pay amounts owing when due.

You have a right to access to any information held in your personal file. We refer you to a document entitled "Accessing Your Medical Record" which can be supplied up upon request.

This practice undertakes secure storage of personal paper files. Only staff of this practice can access your electronic records and they are protected by security password systems.

1. I consent to correspondence being sent to any service provider to whom I am referred.
2. I have read, understood and accept the above document

Signature …… Name …….. Date ……

CONSENT FOR TRANSVAGINAL ULTRASOUND

I consent to A/Prof Michael Cooper or clinician acting as his locum to perform a transvaginal ultrasound. This examination requires the insertion of a probe into the vagina to visualise the anatomy of the female pelvis. I acknowledge I have reviewed the patient information sheet provided. http://www.insideradiology.com.au/transvaginal-ultrasound/

Signature …… Name …….. Date ……

Witness …… Name…….Date……..