

PATIENT CONSENT

GENERAL PATIENT INFORMATION *DR. ALLAN KRUGER*

First Name:	Last Name:	
Address:		Postcode:
DOB://		
Phone number:	Mobile number:	
Email Address:		
Medicare No:	Ref. No:	Expiry Date: /
Private Health Fund:	Numbe	or:
Hospital Extras: (Y/N)	Hospital Only: (Y/N)	Extras Only: (Y/N)
Pension/HCC No:		Expiry Date: /
Veterans Affairs No. (Repat):		
Occupation:		
Next of Kin:	Mobile/Phone: _	
Relationship:		
Regular GP:	Phone:	
already existing and acknowledged privacy obligation This general patient information is used for: • Administrative purposes in running our medic	cal practice	
 To other medical practitioners, hospitals or he condition you are currently being treated for, Disclosure to medical defence organisations 	Medicare and Health Insurance Commission requirem ealth service providers including locums to assist in culor subsequently arise, as either an outpatient or inpale. Ent of patients and their illnesses. If this proceeds to	urrent or future treatments that relate to the tient.
PATIENT CONSENT		
I have read and understand the purpose of collection will notify the Practice of additional limitations on account of the Practice of th	n of personal information. I consent to the handling o sess or disclosure.	f personal information as outlined above. I

DATE



LIST OF CURRENT MEDICATIONS

Height:		
Weight:		
Name:	Condition & Strength:	Dosage:
Allergies (e.g. Latex, F	Penicillin, etc.):	
Natural/Alternative Su	pplements:	