The Children's Clinic
Suite 8, 79-85 Oxford St
Bondi Junction
NSW 2022

Telephone: (02) 9369 5757
Fax: (02) 9387 7841

PATIENT DETAILS

Details will be held in strictest confidence

Child's Family Name: _____ **First Name:** _____

Date of Birth: _____**Gender***: M / F / Other* _____

Home Address:_____

_____**Post Code:** _____

Parent 1: _____ **Occupation:** _____

Email Address: _____

Date of Birth _____/_____/_____ **(***required for Medicare identification***)**

Home / Work No: _____**Mobile No:** _____

Parent 2: _____**Occupation:** _____

Email Address: _____

Date of Birth: _____/_____/_____ **(***required for Medicare identification)*

Home / Work No: _____**Mobile No:** _____

Medicare No: _____**Expiry Date:** _____

Reference # on Card: Mother _____ **Father** _____ **Child** _____

Private Health Fund: _____**Number:** _____

Referring Doctor: _____ _____

Address: _____**Post Code:** _____

General Practitioner ***(If not the referring doctor)*****:** _____

PRIVACY STATEMENT

As a patient of **THE CHILDREN'S CLINIC**, a medical record containing personal information will be maintained throughout your treatment. These records will contain information including, but not exclusive to, your name, address, date of birth, Medicare number and your referring doctor's details. During the period of assessment and ongoing management, information of relevance is recorded in clinical notes. These records are stored securely and may be kept for up to seven years following your last consultation. If necessary, for the continuity of your medical care, this information may be shared with other health practitioners involved in your treatment. In certain circumstances there may be a legal obligation to disclose clinical information. A full copy of our privacy policy is available on request.

EMAIL CONSENT

This practice uses unsecured email to communicate with patients and referring doctors. Please tick this box if you DO NOT consent to the use of email to send correspondence relating to your child ☐

PRINT NAME: _____

SIGNED:_____ DATE: _____