THE VOICE CENTRE AUSTRALIA

DATE AND TIME OF YOUR APT WITH US: Day:_____Time:_____

Title: _____ Surname: _____

Given Names: _____ Pronouns: _____

Address: _____

Suburb: _____ State: _____ Post Code: _____

Home Number: _____Work Number: _____

Mobile: _____Email: _____

Date of Birth: _____/_____/_____ Occupation: _____

Medicare Number: _____ Expiry Date: _____/_____

Medicare reference number: _____ Pension or health care card: YES / NO.

Pension or health care card number: _____ Expiry Date: ____/____/_____

Department of Veterans Affairs Number: _____ Colour: _____

Private Health Fund Name: _____ Member Number: _____

Workers Compensation: YES / NO. Claim No: _____

Works Compensation Insurers name: _____

Case Manager - Name, Email & Phone: _____

Emergency Contact Person

Name: _____Phone: _____

Relationship to Patient: _____

General Practitioner Details

GP name: _____Phone/email: _____

Clinic name/address: _____

Are there any other Dr's involved in your care that you would you like us to send reports to?

Referring/other Dr's Name/s:_____

Email address if known: _____PH:_____

Medications

Are you currently taking any Medications: Yes/No If yes please list below:

_____

Dr Georgina Harris BSc MBBS FRACS (280688AY) Cecilia Pemberton - Speech Pathologist, Therese Dodds - Speech Pathologist
Suite 1301, Level 13, St.Vincent's Private Hospital (Sr.Francis Mcguigan Wing) 406 Victoria Street, Darlinghurst, NSW, 2010
P:02 8381 0989 M:0444536446 F:02 8526 4884 E:admin@thevoicecentre.com.au Healthlink EDI: voicenau

THE VOICE CENTRE AUSTRALIA

Dr Georgina Harris BSc MBBS FRACS (280688AY)

Voice Clinic patients only

CONSENT FORM

The Voice Centre Australia is a specialized clinic for the diagnosis and treatment of laryngeal dysfunction.

The team of highly trained professionals consists of:

- Dr Georgina Harris, ENT and Voice Surgeon
- Cecilia Pemberton, Speech Pathologist and Specialist Voice Clinician
- Therese Dodds, Speech Pathologist

All or some of these specialists may be present at your consultation.

I_____

of_____

_____ hereby consent to the Voice Centre Australia:

1. Recording my voice and retaining any such recording as a permanent record;

2. Obtaining information, results, records and like material pertaining to my voice, its condition, assessment, treatment and management from any source considered appropriate and;

3. Releasing information and results relating to the assessment, treatment and management of my voice condition to any source considered appropriate.

I also consent to The Voice Assessment Centre using such voice recording for education purposes (including presentations at workshops; conferences and teaching) on the condition that no information is given about my identity and that patient confidentiality is maintained.

This consent remains valid unless revoked in writing.

Signature: _____ Date: _____