



Here for Ears

Micro-suction ear cleaning

Patient Health Questionnaire

Please take 5 mins to complete this questionnaire and return it to the reception desk. The information will remain confidential. Thank You

Date: _____ Surname _____ Given Name _____ Title: _____

Address _____ Email _____ @ _____

Suburb _____ Postcode _____ Date of Birth _____

Phone Number (H) _____ (Mobile) _____

GP Name _____ GP Address _____

Medicare Number _____ / _____ Health Care Card No. _____

Occupation (Optional) _____

Please tick YES or NO to each question below and add any detail that may help in understanding your medical history.

Please do not hesitate to ask for assistance if you need help in completing the questionnaire.

Have you had any of the following?	YES	NO	If Yes, please provide details
Previous ear problems e.g. wax, hearing loss or balance issues			
Previous ear surgery e.g. Grommets, Mastoidectomy or Stapedectomy			
Family history of ear problems			
A hearing test within the past year			Audiologist?
Wearing hearing aids In one or both ears			
Medical History Are you on Aspirin, warfarin or any other blood thinners?			
Do you have a history of Tinnitus? (buzzing, ringing or humming in the ears)			
Do you have Diabetes?			
Do you have Epilepsy?			Date of last seizure:
Do you have any allergies? e.g. to any medication, tapes or lotions etc.			

How did you find out about Here for Ears? _____

Ear micro-suction

Is a gentle and safe technique to clean the ear canal. This procedure is performed under direct vision using a microscope and cleaning is done by suctioning and small wax scoops.

Micro-suction allows us to examine your ear canal and the ear drum in detail. Suctioning can be done safely in people with perforated ear drums, operated ear cavities and in children with grommets.

Risks

There are minimal risks involved in this procedure. Micro-suction and aural hygiene is considered a safe procedure when performed at a center with appropriate industry guidelines. During your procedure if we find any unusual features of your canal or ear drum we will ensure we inform you, and advise you of the best course of treatment that will benefit your condition. This may include referral to a medical practitioner or ENT Specialist

General Consent

I _____ acknowledge that I have read and completed this questionnaire to the best of my knowledge, and understand that failure to make a full disclosure may place me at undue medical risk.

I will advise Here for Ears of any changes to my medical history or residential address as they may arise.

I understand and acknowledge that it may be necessary to take a photograph of my ear, for clinical or teaching purposes.

I am aware and acknowledge that at least 24 hours' notice must be given for any appointment cancellations to allow an opportunity to re-allocate the appointment time. If I am more than 10 minutes late for an appointment, there is a chance my appointment may be rescheduled to a later date.

I am aware and acknowledge that payment for ear care must be made on the day of treatment. Payment may be made by cash, eftpos, or credit card (except American Express & Diners).

I am aged 18 years or over (otherwise my parent or guardian will sign).

I consent to having micro-suction and ear care procedure/s by Virginia Meadows

Confidentiality & Privacy Policy

Your medical record is a confidential document and Here for Ears maintains the security of your personal information at all times. Medical information is securely stored on the Medical HQ information system.

Medical HQ has a Privacy Policy that controls the handling of personal information. For further information about our Privacy Policy please ask our friendly staff

We need to collect information about you for the primary purpose of providing a quality service to you in order to thoroughly assess, diagnose and provide therapy, we need to collect some personal information from you. This information will also be used for:

- The administrative purpose of running the practice;
- Billing either directly or through an insurer or compensation agency;
- Disclosure of information to your doctors, other health professionals or to teachers to facilitate communication and best possible care for you; and
- In the case of insurance or compensation claim it may be necessary to disclose and/or
- collect information that concerns your return to work to an insurer or your employer.

Signed _____ Date _____

If parent or guardian, please print your Name _____ Relationship _____

Please tick if you would like to receive a reminder

YES

NO

This information is private and confidential and is for use in your clinical file only. Please provide as much detail as possible to assist us to provide quality, ongoing healthcare.

New Patient Details:

Title: Dr Mr Mast Mrs Ms Miss

First Name: _____ Surname: _____

Preferred name: _____ Date of Birth: _____

Occupation: _____ Country of Birth: _____

Residential Address: _____

Postal Address (if different to above): _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Medicare Number: _____ Ref (# next to your name) : __ Expiry : __/__/__

Do you have private health care fund? Yes No

If yes, which fund? Fund Number: _____

PENSION or DVA Number Expiry: __/__/__

Next of kin: _____ Relationship: _____ Phone: _____

Emergency Contact Person: _____ Relationship: _____

Home Phone: _____ Mobile Phone: _____ Business Phone: _____

Current Medications: _____

Complimentary Medications: (eg. Multivitamin, fish oil etc): _____

Languages Spoken Other than English: _____

Are you of Aboriginal or Torres Strait Islander descent? Yes / No

Do you Smoke? Yes No If yes, how many per day?

Known allergies and/or sensitivities: _____

Family Medical History: _____

I consent to the use and disclosure of my personal health information in accordance with the Medical HQ Privacy Policy overleaf. The Medical HQ Privacy Policy is also available at medicalhq.com.au.

As part of preventative health services offered by this practice we send out follow up reminders and recalls when routine investigations are due. I consent to receive follow up reminders and recalls to be sent to the above address.

Signature: _____ **Date:** _____

How did you hear about us?

Privacy Policy

This document is the privacy policy for Medical HQ. It tells you how we collect and manage your information, as we have a legal obligation under the *Privacy Act 1988* (known as the Australian Privacy Principles), to tell you how we collect, use, disclose, and secure information

What is Personal information?

"Personal information" is information used to identify you, including your name, address, date of birth, telephone number, email address and profession or occupation.

What Personal information may we collect?

- your name, address, date of birth and telephone number;
- your Medicare number, Veterans' Affairs number, Health Care Card number, health fund details or pension number;
- medical care information, both previous and current and if relevant, your family medical history including drugs or treatments;
- your ethnic background, profession, occupation or job title;
- the name of any health service provider or medical specialist to whom you are referred, copies of letters of referrals and reports back; and
- Information which we may give to other medical or allied health professionals working from our practices.

How do we collect personal information?

- Attendance at this practice or making a telephone call to book an appointment;
- Information passed on during your consultation;
- Filling out a patient information form.
- another service provider passes on information to us about you;
- health service providers referring you to medical practitioners or allied health professionals at our practices;
- health service providers to whom you are referred;
- your employer or prospective employer in the case of a work-related consultation or service; or
- Law enforcement agencies and government entities.

Why do we need to collect personal information?

To provide you with quality, ongoing health care, this practice will need to collect information about you AND so we are better able to run our business.

Why do we disclose of your personal information?

Your information will be used in the normal course of managing your healthcare, including referrals to other specialists (including radiology and pathology). It may also be used to keep our records up to date, to advise of follow-up visits, reporting back to your employer and/or your employer's insurer. We may also need to disclose your information if we are complying with any laws or if contacted by a government authority, when meeting obligations of a medical defence organisation or insurer and in processing a complaint made by you. Your information will not be shared, sold, rented or disclosed other than as required under this Privacy Policy or as allowed under the Act.

Your access

You have a right to see or obtain a copy of the information we hold about you, and you can make this request in writing to us. We will give you access to the information, unless by law we cannot do so. If that happens, we will give you written reasons for not giving you access. We cannot give you access if in doing so we identify another person or we breach confidentiality. We will amend your information if we both agree it needs amendment, but you may need to pay us a fee to access and copy the information. We do not as a rule disclose your personal information overseas, but if we need to, we will ask you for your consent.

Complaints about a breach of privacy

It is important we meet your expectations about how we manage your information. If you think we have breached your privacy please contact our Practice Managers to investigate. The Practice Manager can also ask our General Manager and Principal Doctor to be involved. If you are still dissatisfied you can then contact the Office of the Australian Information Commissioner (OAIC) on the Privacy Hotline – 1300 363 992.

Security

Your health care records are stored safely and securely by us taking reasonable steps to protect information and prevent unauthorised access. Information is securely destroyed when no longer needed. If we want to use your personal information for research, we will first obtain your consent. Our website is linked to the internet and we cannot guarantee the information you supply will not be intercepted while being sent and information you transmit to us online is at your own risk.

Links

Our websites may contain links to other websites operated by third parties and we are not responsible for their privacy. They must inform you about their own privacy policy.

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