



USQ Health Service Patient Details Form

Student Number:	Title:
First Name:	Middle Name:
Surname:	Date of Birth: / /
Known as:	Occupation:
Medicare Number: Ref: Expiry: Overseas Student Health Cover (OSHC): Number: Expiry: Health Care Card (HCC)/Pension (Concession): Expiry: Department of Veterans' Affairs (DVA) Number: White/Gold Expiry: List any medications you currently take: What vaccinations have you had previously: List any allergies you have (medical or food): Your usual GP name, address and phone number:	
Residential Address: Suburb: State: Postcode: Postal Address: Suburb: State: Postcode: Mobile Phone: Email:	
Female <input type="checkbox"/> Male <input type="checkbox"/> Intersex/Transgender/Other (please describe) <input type="checkbox"/> Gender Identity: Woman <input type="checkbox"/> Man <input type="checkbox"/> Non-binary/Gender-X/Intersex/Indeterminate/Other <input type="checkbox"/>	
Country of Birth: Year of arrival in Australia: Spoken Language: Preferred Language: Do you require an interpreter for: Hearing impairment Y/N Language Y/N	Next of Kin (NOK): Relationship: Phone: () Emergency Contact Same as NOK Y/N Name: Phone:
Is the patient any of the following: Enrolled Domestic Student <input type="checkbox"/> <input type="checkbox"/> Enrolled International Student <input type="checkbox"/> <input type="checkbox"/> Future Student <input type="checkbox"/> USQ Staff <input type="checkbox"/> Dependant of Current USQ Student or Staff Other <input type="checkbox"/>	Do you identify as a refugee (please circle): Y / N Ethnicity: Do you identify as: Aboriginal and/or Torres Strait Islander <input type="checkbox"/>

Please see over the page

Consent Form

The Health and Wellness team offer a variety of supports and professionally trained staff to assist you in your learning journey. This form is collecting information for the purpose of the services that we provide. The quality of our services relate to a best-practice model of multidisciplinary teamwork whereby staff within the Service may consult with one another to discuss various aspects of your support. All staff of the Service will have access to your personal information (which may include appointment and/or clinical notes) and student records. Your health and psychological records are stored separately and are only accessible by authorised staff members. Staff will only access your personal information, health records and/or appointment notes when it is required as part of an assessment, diagnosis (if necessary) and intervention of your presenting issue. We are committed to protecting your privacy and this form ensures that you understand the conditions of our Service.

Our Service will opt to communicate with you via email, SMS, or phone unless you advise us otherwise.

For a full understanding of our privacy information and management of your personal information, please access the Service Privacy Statement located in our waiting rooms or at <http://www.usq.edu.au/student-support>, in addition to the USQ Privacy Statement located at <https://www.usq.edu.au/privacy/privacy-statement>.

We require your consent to collect personal information about you and to use the information you provide in the following ways:

- Administrative purposes in running the USQ Health Service.
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
- Disclosure to others involved in your healthcare including treating Practitioners and specialists outside the USQ Health Service. This may occur through referral to other practitioners, or for medical investigations and in the reports or results returned to us following referrals.
- Disclosure to other doctors in the USQ Health Service, locums etc. attached to the service for the purpose of patient care and teaching.
- For research and quality assurance activities to improve individual and community health care and practice management. Usually information that does not identify you is used but, should information that will identify you be required, you will be informed and given the opportunity to "opt out" of any involvement.
- To comply with any legislative or regulatory requirements e.g. Notifiable diseases.
- For reminder and recall letters, emails, SMS or phone calls which may be sent to you regarding your health care and management.

You can decline to have your health information used in all or some of the ways outlined above but it may influence our ability to manage your health care to provide the best outcome for you.

Cancellation Policy

Patients who need to cancel or postpone an appointment must contact the Service by telephone or email prior to the scheduled appointment. There are times when we are unable to provide a service to you. We reserve the right to appoint or change a practitioner if your regular practitioner is unavailable. If you require assistance that is not within the scope of our services, we will support you by offering a referral to an external practitioner.

Please Note: If, after reading this you are at all unsure of what is written, please discuss it with the staff member you are seeing for services. Failure to consent to these conditions may result in our inability to provide a service to you.

I confirm that I have read and understood the above principles in conjunction with the Privacy Statement. I agree to these conditions for the services provided by the Careers and Employability; Social Justice, Equity and Inclusion; and Health and Wellness teams.

Name of Patient

Signature

Date

Name of Person giving consent
(if different from patient, e.g. Parent, Carer)

Signature

Date

Office use only

Received by:	Date:	Entered by:
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Document Title: Patient Details Form

Reviewed by: Health Service Manager

Version 6.0 Date: January 2019

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