



Patient Demographics & Consent Form

P: (07) 3332 1999 F:(07) 3332 1990 www.evehealth.com.au

PERSONAL DETAILS

Title: _____	Given Name: _____	Surname: _____
Address: _____	Suburb: _____	Postcode: _____
Date of Birth: ____/____/____	Occupation: _____	
Mobile Ph: _____	Email: _____	
Home Ph (optional): _____	Work Ph (optional): _____	
NEXT OF KIN		
Name: _____	Relationship: _____	Ph: _____

Medicare Number: _____	Ref: _____	Expiry: _____
Are you in a Health Fund? Yes/No	Fund name: _____	Membership #: _____
Referring Doctor's name: _____	Suburb: _____	
GP (if different to above): _____	Suburb: _____	

How did you hear about us? *(please tick most applicable one only)*

GP/Specialist Friend/Family Eve Website Google 1800 Fertility Social Media Other _____

CONSENT TO RELEASE OF MEDICAL INFORMATION *(please tick to acknowledge consent)*

- I give my consent to Eve Health, or their agents and advisors, to contact medical practitioners or other bodies I have consulted to obtain health and other information that may be pertinent to my care.
- I authorise those medical practitioners or bodies to release such information, which may include sensitive health information, to Eve Health, or their agents and advisors, as may be requested.
- I understand that unless I advise otherwise, Eve Health will continue to liaise with the doctors nominated above on matters related to my ongoing care.

OTHER *(please tick to acknowledge consent)*

- I give permission for Eve Health to contact me via SMS, mobile and email regarding appointment details, recalls, notifications and routine results.
- I understand it is **my responsibility** to call the clinic for results.
- I give permission for Eve Health to use my email address for distribution of a patient satisfaction survey.
- From time to time, photographs of me or my baby may be used in Eve Health promotional and marketing material, both online and offline. By either agreeing to be photographed, or sending a photograph to Eve Health, I give permission for these photos to be used in the above mentioned manner.

Signature: _____	Date: ____ / ____ / ____
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