

Allergies:

1.	2.
3.	4.
Do you drink Alcohol? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you Smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>	How many per day?

What Medications are you on?

1.	2.
3.	4.
5.	6.

Current Medical Illnesses?

1.	2.
3.	4.

Past Medical Illnesses?

1.	2.
3.	4.

Past Operations?

1.	2.
3.	4.

PATIENT CONSENT:**Privacy and Personal Information**

Southern Medical Centre Moss Vale & Bundanoon use the information on this form to assist in managing and planning patients' medical and health problems. The collection, storage and release of information provided is protected under the Privacy Act 1988 and Privacy Amendment (Enhancing Privacy Protection) Act 2012. We are committed to protecting your privacy. Southern Medical Moss Vale & Bundanoon only give this information to someone else where the patient gives permission or, in special circumstances, where Commonwealth Legislation allows or requires it.

Consent For Use of Information

I, _____ (name) hereby give consent to the Doctors at Southern Medical Moss Vale & Bundanoon to take a medical record of my consultation. I give permission for the doctors at Southern Medical Moss Vale & Bundanoon to exchange any medical information with other doctors or medical service providers when considered necessary for my medical welfare. I understand that I have the right to request my nominated treating doctor NOT to release certain information, the details of which will be discussed in confidence with my nominated doctor.

Tick here if you **DO NOT** consent to being registered with the Department of Health for a shared electronic health file ("my Health Record": www.myhealthrecord.gov.au)

Signature of Patient or Guardian: _____ Date: _____

OFFICE USE ONLY

Patient entered into Pracsoft