Dr Preetam Ganu

MBBS MD
FRANZCOG
Suite 201, Flinders Private Hospital
1 Flinders Drive, Bedford Park 5042
Ph: 08 8299 0302 | Fax: 08 8299 0893
Email: flindersobgyn@gmail.com
Web: www.flindersobgyn.com
Provider No: 281963DH

NEW PATIENT INFORMATION

Title:	Dr		Mr		Mrs		Miss		Date of Birth:	
Surname:									Given Name:	
Ethnicity:									Preferred Name:	
Marital status:	Married		De Facto						Residential Address:	
	Same Sex Couple		Single							
Email Address:										
Mobile Number:									Postal Address: If different to above	
Phone Number:										
Occupation:										
Name of your Usual Doctor / Practice:									Address of your Doctors Practice:	

It is normal practice for the specialist to write to the referring doctor, is this acceptable?	Yes		No	
Other than your referring doctor, is there any other doctor we should write to?	Yes		No	
If yes, please state their Name and Address below if known:				

EMERGENCY / NEXT OF KIN CONTACT DETAILS:

Name:		Mobile Number:	
Relationship:		Other Contact Number:	

MEDICAL INSURANCE DETAILS:

Medicare Number:				Ref No:		Expiry Date:	
DVA (Gold Card) Number:						Expiry Date:	
Private Health Fund Name:				Membership Number:			
Do you have Hospital Cover?	Yes		No					

HOW DID FIND OUT ABOUT US? We are interested in how people find us.

GP Referral	Specialist Referral	Previous Patient	A friend referred you	Internet/Website/Facebook

For the latest updates and information on Gynaecological and Obstetric news please visit our Facebook page - https://www.facebook.com/Flindersobgyn/

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DR PREETAM GANU
PRIVACY POLICY

We aim to provide you with the best possible care and we are committed to protecting your privacy in accordance with the new privacy regulations. We appreciate your co-operation and understand that information provided to us is highly personal and needs special care and protection. Dr Preetam Ganu and all staff who have access to this information are bound by these confidentiality rules.

Personal information collected by us, is used in order for correct identification of patients and to contact you or your referring doctor as and when necessary.

Electronic patient files are stored on our computer system and only authorised personnel may access these files with secure passwords.

Disclosure of information:
Dr Preetam Ganu will write to your referring doctor summarising your consultation. Copies of this correspondence may also be sent to other doctors involved in your care to ensure that they are kept up to date with your condition. Your information may also be sent to other health providers if deemed necessary ie. Hospital admission office, physiotherapist, dieticians etc. In all other circumstances your written consent is required before we disclose information to a third party.

We ask that you acknowledge that you have read and understand the above information in regard to the handling of your personal information by this practice.

For further information about the National Privacy Principles visit: www.privacy.gov.au/publications/chib.html

PRIVACY OF INFORMATION AUTHORITY

I/We give permission to Dr Preetam Ganu and her staff to obtain and record personal and medical details relevant to my health and treatment and, if necessary, obtain this information from or pass it on to other health care and medical indemnity providers. I also consent to this information being used confidentially for research and teaching to improve women's health.

SOCIAL MEDIA CONSENT

I/We hereby consent that Dr Preetam Ganu may use photographs and/or videos or public profile information of me taken, on their Social Media Tools which includes but is not limited to their Facebook Page and/or Website. I understand that these images, videos and/or personal information will not be used for any other commercial purposes.

Patient Signature:		Date:	
Patient Name:			

FEE CONSENT

I acknowledge, confirm and agree to all of the followings:

1. All the above information provided is true and accurate to the best of my knowledge.
2. I give consent for the practice to obtain my medical record from doctors/institutions which I have received medical care.
3. I understand that the practice will protect my confidential information to their best endeavour but cannot guarantee such protection caused by others with criminal intent. Under the Privacy Act 1988 (Cth), you have the right to request a copy of your medical record but you will need to request in writing or fill in our form 'Release of information'. Fees may apply and must be paid prior to the release to cover the time and effort required of us to comply with the Privacy Amendment (Enhancing Privacy Protection) Act 2012.
4. I understand and agree to pay the consultation fee in full on the day of consultation; and to pay in full all fees for procedures and ultrasound scan/s on the day of service. Claiming of rebates from Medicare and/or Health fund shall be my sole responsibility although the practice can, in good faith, assist me in this regard.

Consult fee:	Initial consultation	$165.00	Medicare rebate: $72.75
	Subsequent consultation <15mins	$ 75.00	Medicare rebate: $40.10
	Subsequent consultation >15mins	$ 90.00	Medicare rebate: $40.10
	Ultrasound in Rooms <12 weeks	$ 50.00	Medicare rebate: $29.75
Pregnancy Management Fee:	20 weeks	$1,000.00	Medicare rebate: $40.10
	28 weeks	$1,275.50	Medicare rebate: $316.85

Fee schedule is subject to change from time to time and you will be notified in due course. Fee variations listed above are due to the type and complexity of the consultation and the time spent in consultation with Dr Ganu. Medicare rebate applies if you are eligible, have a referral letter and have attended the consult. Medicare rebate is claimable per attendance. Please contact Medicare for more information. Out-of-pocket expense (or gap) is the difference between your consult/procedure fee(s) and your Medicare rebates.

5. I understand that failure to pay the full fee could result in legal action and/or debt collection which may incur additional changes payable fully by myself.
6. I understand that there may be additional fees/charges from ancillary services like pathology tests, imaging tests, surgical assisting, anaesthetics, allied-health services etc. These services will only be performed after consultation with Dr Preetam Ganu. I will be given opportunity to enquire about these services and associated fees and can accept/decline these services at my own discretion. Claiming of rebates from Medicare and/or Health fund shall be my sole responsibility although the practice can, in good faith, assist me in this process.
7. Independent advice is available to me from other medical professionals and that is in my interest to obtain such advice before giving my consent and signing any agreement with Dr Preetam Ganu.
8. If English is not my first language, it is my responsibility to arrange for an interpreter service at my own expense. It is my choice to engage my relatives or anyone as my interpreter and I am aware of and accept the limitation this may pose and will not hold Dr Preetam Ganu liable for any mishaps as a result of any miscommunication, if I choose/insist not to engage a qualified independent interpreter.
9. I give consent for the attendance of a female staff member should the doctor require an assistant.
10. As Dr Preetam Ganu is actively involved in research, training and education for the public community, medical students, GPs and other health professionals, Dr Ganu may from time to time collect and present/publish case studies and clinical photographs to the audience/readers. Real names and identifiable personal information will be deleted to maintain confidentiality. Dr Ganu will obtain your prior verbal consent should the information/photo of your condition be used for this purpose. If you object to this, please cross out this clause altogether and state 'DECLINE' over the clause.
11. If cancellation of appointment is within 24 hours' notice then a fee of $35.00 will apply.
12. It is a policy of this practice that all fees are non-refundable.

Patient Signature:		Date:	
Patient Name:			