

Dr Gary Swift
MBBS (QLD) FRANZCOG, MReprodMed (UNSW)
Leading Specialist in Reproductive
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PATIENT INFORMATION FORM

Date Have you attended this practice before?

PERSONAL DETAILS

Title

First Name Surname

D.O.B Religion

Street Address PostCode

Postal Address PostCode

Home Phone Work Phone Mobile Phone

Email Address

HEALTH FUND DETAILS

Fund Name Member No.

Patient No. Year Joined

MEDICARE DETAILS

Card Number Expiry Date

Patient No.

NEXT OF KIN AND NOMINATED PERSON WHO CAN RING ON BEHALF OF YOUR RESULTS

Full Name

Relationship

Home Phone Work Phone Mobile Phone

DISCLOSURE

I hereby consent to necessary examinations and Dr Swift using the collected personal information in accordance with The Privacy Act. I authorise Dr Swift to access and disclose my health information from my referring Doctor / Medical Specialist, allied health practitioners and institutions who may require information about my medical history but only to the extent necessary to assess / treat the particular condition. ..

Signed Date

** Examinations may involve pelvic, vaginal and / or trans-vaginal ultrasound and by signing above I hereby consent to such procedure being performed **