

INJURED WORKER INFORMATION FORM

Patient Information

Title	Surname	First Name	Known As	Date of Birth ____/____/____	Sex M / F
Medicare Card Number _____/____/____		Expiry Date ____/____	Pension / Health Care Card Number		Expiry Date ____/____/____
Address		Suburb	Postcode		
Home Phone		Work Phone	Mobile		
Country of Birth			Cultural / Religious Background		
Emergency Contact name		Relationship	Phone Number		

Do you have any allergies or are you sensitive to any drugs or dressing? Yes No
 Are you Aboriginal or Torres Strait Islander origin? Yes No

Date of Injury: ____/____/____

Type of Injury: _____

Brought in by: _____
Please print full name

Company / Person responsible for account: _____

Company Address: _____

Division / Branch: _____

Date of Attendance: ____/____/____

Privacy Agreement & Patient Consent

I understand that Coolaroo Clinic complies with the privacy Act (1988). As part of their privacy policy they are committed to protecting the privacy of individuals and their personal information. My signature below indicates that I have read & consent to Coolaroo Clinic collecting, using, storing & disposing of my personal information, the release of relevant personal information to other health professionals to allow quality medical care, inclusion in the recall register to be advised of follow up visits, inclusion in national/state reminder systems/registers, medical updates and health information & the release of relevant personal information to my (prospective) employer, their authorised representative and their insurer in the case of a work related consultation or service. I understand I may withdraw my consent from Coolaroo Clinic to use and disclose my personal information (except when legal obligations must be met).

I furthermore agree that if this consultation is deemed not work related for any reason or my claim is rejected by either the Company or Insurance Company, that I am liable for **ALL COSTS** incurred in relation to this matter **WITHIN 30 DAYS** of the appointment.

Signed _____ Date _____

Thank you for your cooperation. Please return your completed form to reception.