



Monash Gastrointestinal  
Specialists

**Main Rooms**  
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Clayton, VIC 3168

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**Physicians**  
Dr David Devonshire  
Dr Debbie Nathan  
Assoc Prof Gregory Moore  
Dr Shireen Tabatabai  
Dr Alex Hodge  
Dr Ed Giles  
Dr Rimma Goldberg

**Surgeons**  
Assoc Prof Paul Cashin  
Mr Daniel Croagh  
Mr Zdenek Dubrava  
Mr John Gribbin

## CONSENT FORM

### Why do we need to collect personal information?

The information is for the primary purpose of providing quality health care. We need you to provide us with your personal details and full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs. This means we will use the information you provide in the following ways:

- Administrative purposes in running our medical practice.
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
- Disclosure to others involved in your health care including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.

I have read the information above and understand the reasons why information must be collected. I am also aware that this practice has a privacy policy on handling patient information. I understand that I am not obliged to provide any information about me, but that my failure to do so might compromise the quality of the health care and treatment given to me.

I am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.

I understand that if my information is to be used for any other purpose than set out above, my further consent will be obtained.

I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice of. I consent to the retrieval of medical information, including reports and results from medical tests from others involved in my health care, including treating doctors, specialists, hospitals, health care professions and facilities outside this practice.

**Note: Due to COVID-19 regulations your appointment may be via telehealth with the doctor you have been referred to. Please note fees for telehealth appointments are the same as fees for appointments in person.**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Male  Female Date Of Birth:     /     /

Address: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

GP Doctor: \_\_\_\_\_

GP Address: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Ref: \_\_\_\_\_

Private Health Insurance \_\_\_\_\_ Membership No: \_\_\_\_\_

Health Card / Pension: \_\_\_\_\_ Workcover / Tac: \_\_\_\_\_



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## CONSENT FORM continued . . .

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Next of Kin Name: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Please provide us with any past medical history:

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Please list any previous operations:

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Are you on any medications? Please list:

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Do you have any allergies? Please list:

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Please Note: Due to a high demand for specialised services and potential long wait times, if you are unable to attend please notify us within 24 hours to enable us to put in another patient. We reserve the right to send an invoice for failure to attend. This would not attract a Medicare rebate. If you default in making a payment for any services provided by any of our Doctors and recovery/legal action is required, you will be responsible for all expenses in relation to the collection of the outstanding amount, which may include charges and fees.

Date:        /        /