



**Dr Jong Woo**  
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**Patient Information Privacy Form**

<u>General Details</u>		
Title:	First Name:	Last Name:
Date of Birth:	Mobile Phone:	Home Phone:
Are you happy for us to confirm your appointments via SMS/text message? (Yes/No)		
Residential Address:		
Email Address:		
<u>Emergency Contact</u>		
Title:	First Name:	Last Name:
Relationship:	Mobile Phone:	Home Phone:
<u>Financial Details</u>		
Medicare Number:	Ref No.	Expiry Date:
Private Health Insurance (Yes/No):		
DVA Number:	Expiry Date:	
Pension Type (Aged/Disability/Others) Number:	Expiry Date:	
<u>Referral Details</u>		
Referring Doctor (Family Doctor): Dr		
Practice Name:		
Address:		
Phone Number:		

**Important Information**

Pathology and Radiology Fees: Doctors are not responsible to pay the fees in relation to pathology and radiology ordered on your behalf.

Privacy Policy: Our staff will not disclose this information to any third party. Your information is stored on a secure password protected information system. I understand that it may be necessary for this information to be passed on to other healthcare providers.

If you do not give permission for the above, please let our receptionist know. Access to your medical records may be allowed in accordance with the appropriate section of the National Privacy Act 1988.

Signed \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/2020