Dr Adam Blond
EAR, NOSE AND THROAT SURGEON

The Sunshine Private Hospital Medical Centre
Level 2, Suite 16. 23 Elsa Wilson Drive. Buderim Q 4556
Ph: 07 54447322 Fax: 07 54447866

Patient Detail Form

Surname :	
First Name:	Date of Birth:
Address:	
Postal Address (If different) :	
Phone Home:	Mobile:
Phone Work:	
Email Address:	

Medicare No:	Ref No:	Expiry date:
Department of Veterans Affairs No.		Gold / White
Private Hospital Health Fund: (Fund Name/No)		Member No:
Next of Kin Name DOB:	Telephone No if different:	
Who is your usual Family Doctor:		

Consent for use & disclosure of personal health information in the delivery of health services

I consent to the use &/or disclosure of my personal health information by Dr Adam Blond to other health practitioners involved in my medical treatment and health care. I also consent for Dr Adam Blond Pty Ltd to post/fax/email correspondence to my home address &/orother locations as directed by me

If unavailable, I consent to (name) (relationship to patient) discussing any health information on my behalf.

Phone No if different :

Name	Signature :	Date: