



Name: _____ Date of Birth: _____

Patient Instructions

- Complete new patient form – update contact details if existing patient
- Complete Patient Questionnaire as applicable
- Return completed forms to receptionist
- Sign consent to fax/email report if acceptable

Patient Privacy and Consent

The requesting medical assessors have requested for All Medicals & Physicals to fax or email your completed medical assessment upon completion for review.

By signing below, you have authorised All Medicals & Physicals to fax/email your completed medical assessment that does contains your private and confidential patient information.

By authorising All Medicals & Physicals to email your completed medical assessment, you understand that it is being sent using unsecured and unencrypted email and as such is not secure over the internet and faxes may arrive at locations where others may view it on arrival.

Email providers store email information in overseas locations and their privacy policies cannot be guaranteed to be in accord with Australian Privacy Principles. Please read the Privacy policy of your email provider for more details and sign below if you give permission to send your information as requested.

I, _____ **authorise** or **do not authorise (Please Circle One)** All Medicals & Physicals, to: fax/email my completed medical assessment form.

Signature:.....

Date: