



**PAEDIATRIC NEW PATIENT FORM**

Date: \_\_\_\_\_

Title: Ms  Mst  Miss

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Business: \_\_\_\_\_

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

*Alternative contact No: (in case of unexpected cancellations)*

Parent/Guardian: (Name) \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

GP's Name and Address: \_\_\_\_\_

Would you like HearsMart to send a report to your Doctor?  Yes  No

How did you hear about us? \_\_\_\_\_

**Audiological History**

Dizziness or Unsteadiness yes  no

Family History of Hearing Loss yes  no

Head Injury yes  no

Ear Surgery/Grommets yes  no

History of ear infections yes  no

Victorian Infant Hearing screening programme Pass  Fail

**Please turn over 2<sup>nd</sup> page**



How long has the hearing/audiological concern been present? \_\_\_\_\_

Has a hearing test been performed previously? \_\_\_\_\_

Comments or questions for the audiologist:

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I agree to receive marketing material

By signing below, you consent to the collection, use and disclosure and handling of your personal information in accordance with the Privacy and Consent Notice. (As below)

Signature of patient/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

### PRIVACY NOTICE AND CONSENT INFORMATION

*PRIVACY POLICY:* At Hearsmart, it is our policy to respect the confidentiality of information and the privacy of individuals and the individual's right to access personal information we hold. Our privacy policy is bound by the information Privacy Principles contained in the Privacy Act (Cth). Hearsmart follows the Australian Privacy Principle 5 (APP 5) (updated Privacy Act 1988 (Cth)) and Guidelines for Federal and ACT Government Websites produced by the Office of Federal Privacy Commissioner. When you visit Hearsmart for a hearing test, with your consent, we collect personal information which will be used by us for Quality Hearing Care. We understand that you are happy for us to retain your information for these purposes. If you have any questions or complaints, please contact us.

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WEBSITE: [www.hearsmart.com.au](http://www.hearsmart.com.au)

CLINICS: LILYDALE, MONT ALBERT NORTH