

## PACIFIC RHEUMATOLOGY

Dr Jacklyn Chay  
Dr Gerald Tracey  
Dr Armi Salonga  
Dr Parham Afrasyabi  
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Pacific Private Clinic  
Level 4, Suite 5  
123 Nerang St,  
Southport QLD 4215

### PLEASE NOTE OUR POLICY REGARDING APPOINTMENT CONFIRMATION/CANCELLATION

Please complete the following information and bring with you to your appointment.

**To avoid cancellation of your appointment you are responsible for confirming your appointment date and time a minimum of 24 hours in advance of your consultation.**

Thank you for making an appointment. We are pleased to have you as a new patient and enclosed is some information to assist you with your visit to our practice.

#### **Practice Hours:**

**Monday – Thursday - 8.30am-5pm (Phones are off between 12 and 1pm)  
Closed Fridays.**

Please NOTE we do not do worker's compensation claims.

**We can do the Medicare rebate if your details are registered with Medicare. We do not accept cheques or gap payments.** If an injection is required for pain relief (at the Dr's discretion) the injections are an extra charge and non-rebateable.

Please note that your consultation is **Payable in full** on the day of your appointment.

**General information for your visit:**

**Paid underground parking** is available at Pacific Private Clinic – entry is via Cougal Street.

**Arrival:**

Please arrive ON TIME for your appointment- allow for traffic hold up and Parking ☺

**Cancellations:**

There is an appointment wait list to see the Doctor's here at Pacific Rheumatology and there are many patients who would be very appreciative if they were contacted to have their appointment moved to an earlier time. If you must cancel, **please give 48 hours' notice of cancellation** in advance to your appointment time.

**General:**

Thank you once again for making an appointment with us. We look forward to meeting you and we hope this information assists you. Should you have any questions, please do not hesitate to call 0755 097600.

Yours sincerely

Maureen Hedges – Practice Manager

If you can print and fill out personal details form, please do so and bring with you to appointment otherwise you can fill out on arrival at rooms.

## Your Personal Details

Your name \_\_\_\_\_ **DOB** \_\_\_\_\_

**Address**

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**Telephone** \_\_\_\_\_ **Sms** Y or N (please circle)

**Gender** \_\_\_\_\_

**Current occupation** \_\_\_\_\_

**Previous occupation if retired** \_\_\_\_\_

**Medicare number** \_\_\_\_\_ **ref**\_\_\_ **Exp** \_\_\_\_\_

**Private Health Fund** \_\_\_\_\_ **Fund No** \_\_\_\_\_

**DVA** \_\_\_\_\_ **Pension No** \_\_\_\_\_ **Exp** \_\_\_\_\_

Please tick -  **Aboriginal origin**     **Torres Strait Island origin**

**Your General Practitioner**

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**Your Next of Kin**

**Name** \_\_\_\_\_ **Telephone No** \_\_\_\_\_

**Relationship** \_\_\_\_\_ **Permission to contact** Y or N (circle)  
(If unable to contact you or emergency)

**Your Medications list (or attach list)**

- |    |     |
|----|-----|
| 1. | 6.  |
| 2. | 7.  |
| 3. | 8.  |
| 4. | 9.  |
| 5. | 10. |

If you are allergic to any medications, please list below:

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**Major illness/hospitalisations - last 5 years      Hospital**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |

**Please tick the following if you ever had.  
If you answer yes, please write AGE or YEAR started.**

	Yes	No		Yes	No
High blood pressure			Miscarriages (female)		
High cholesterol			Broken bones after age 50		
Stomach ulcer			Severe allergies		
Bowel problems			Psoriasis		
Kidney problems			Gout		
Diabetes			Eye problems		

**Family History**

		Relationship			Relationship
Rheumatoid arthritis			Osteoporosis		
Lupus/SLE			Ankylosing Spondylitis		
Crohn's/ulcerative colitis			Psoriasis		

**Your Social History**

Have you ever smoked? Y or N (circle) if yes approximate number per day? \_\_\_\_\_

How many years have you smoked? If stopped, when \_\_\_\_\_

How much alcohol do you drink a day? (N/A if you don't drink) \_\_\_\_\_

**I give consent for a chaperone to be present during physical examination when required \_\_\_\_\_**

**I have read and understood the privacy policy.**

**Due to the Privacy & Confidentiality Act, you are required to authorise any correspondence sent via your email provided:**

**Your Email:**

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**The details given above are correct and true.**

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

## Release of Information

I, \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
(First Name) (Surname/Family Name) D.O.B

Of \_\_\_\_\_  
(Your address)

Hereby consent to give permission for all relevant medical details, medical report/s and clinical notes concerning myself to be supplied to Pacific Rheumatology.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practice Manager: Maureen Hedges

- Dr Jacklyn Chay
- Dr Gerald Tracey
- Dr Armi Salonga
- Dr Parham Afrasyabi
- Dr Aravinthan Loganathan

Pacific Rheumatology  
Ph: 0755 097 600 F: 0755 097628  
E: reception@pacificrheumatology.com.au



Pacific Rheumatology

## **WE RESPECT YOUR PRIVACY**

We are committed to protecting the privacy of patient information and to handling your personal information in a responsible manner in accordance with the Private Act 1999 (Cth), the Privacy Amendment (Enhancing Privacy Protection) Act 2012, the Australian Privacy Principles and relevant State and Territory privacy legislation (referred to as privacy legislation).

This Privacy Policy is current from 1.1.2024. From time to time we may make changes to our policy, processes and systems in relation to how we handle your personal information. We will update this Privacy Policy to reflect any changes. Those changes will be available on our website and in the practice.

We collect information that is necessary and relevant to provide you with medical care and treatment. And manage our medical practice. This information may include your name, address, date of birth, gender, health information, family history, credit card and direct debit details and contact details, this information may be stored on our computer medical records system and/or in handwritten medical records.

Wherever practicable, we will only collect information from you personally. However, we may also need to collect information from other sources such as treating specialists, radiologists, pathologists, hospital and other health care providers.

We collect information in various ways, such as over the phone or in writing, in person in your Pacific Rheumatology practice or over the internet if you transact with us online. This information may be collected by medical and non-medical staff.

In emergency situations we may also need to collect information from your relatives or friends.

We may be required by law to retain medical records for certain periods of time depending on your age at the time we provide services.

We will treat your personal information as strictly private and confidential. We will only use or disclose it for purposes directly related to your care and treatment, or in ways that you would reasonably expect that we may use it for your ongoing care and treatment. For example, the disclosure of blood test results to your specialist or requests for x-rays.

There are circumstances where we may be permitted or required by law to disclose your personal information to third parties. For example, to Medicare, Police, insurers, solicitors, government regulatory bodies, tribunals, court of law, hospitals, or debt collection agents. We may also from time to time provide statistical data to third parties for research purposes.

**If you have any questions regarding the information we collect from you and hold in your medical records, please do not hesitate to ask us. We are acting in your interests at all time.**