BRISBANE PAIN SPECIALISTS

PATIENT REGISTRATION & CONSENT FORM

Dr Sami Ahmad
MBBS, MSc, FRACGP, EDPM, FFPMANZCA
Specialist Pain Medicine Physician

St Andrew's Place, Level 1
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07 3180 1060
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1. Appointment

If you're booking your first appointment with Dr Sami Ahmad, please complete the short form below. This helps us prepare for your visit and ensures we can focus on what matters most, understanding your concerns and planning your care.

If you have any questions at any stage, our reception team is here to support you.

2. Patient Details

Title: ☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other

Full Name: _____

Date of Birth: ___ / ___ / _____

Medicare Number: _____ Ref No: ___ Exp: ___

DVA / Pension / Health Care Card (if applicable): _____

Residential Address:_____

Suburb: _____ Postcode: _____

☐ Postal address same as residential

Mobile: _____

Home Phone: _____

Work Phone: _____

Email: _____

Preferred method of contact: ☐ Phone ☐ SMS ☐ Email

3. Emergency Contact

Name: _____

Relationship: _____

Phone: _____

4. Referring Doctor (Required for Specialist Consultation)

Referring GP/Specialist Name: _____

Practice Name: _____

Practice Phone: _____

5. Occupation & Insurance (If Relevant)

Current occupation: _____

☐ Full-time ☐ Part-time ☐ Not working ☐ Retired ☐ Student

Are you currently involved in:

☐ WorkCover claim

☐ CTP claim

☐ DVA claim

☐ None

If yes, please provide claim number and insurer:

6. Privacy Collection Notice

This practice collects your personal and health information for the primary purpose of providing quality medical care and managing your health records.
Your information may be disclosed to:

- Your referring doctor
- Other healthcare providers involved in your care
- Medicare or relevant health funds
- Insurers (where legally required)
- Your information is handled in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth).

You may request access to your medical records at any time. Our full Privacy Policy is available on request or via our website.

☐ I acknowledge I have read and understood the Privacy Collection Notice.

7. Consent to Treatment

I consent to medical assessment, investigation and treatment by Dr Sami Ahmad and authorised staff as clinically indicated.
I understand:

- No medical procedure is entirely risk free.
- I will have the opportunity to ask questions about my treatment.
- I may withdraw consent at any time.

☐ **I consent to treatment.**

8. Communication Consent

☐ **I consent to reports being sent to my referring doctor and relevant healthcare providers.**

☐ **I consent to receiving appointment reminders via SMS or email.**

9. Financial Consent

Brisbane Pain Specialists is a private billing specialist practice.
I understand that:

- Fees are payable on the day of consultation unless prior arrangements have been made.
- Medicare rebates (if applicable) are processed after payment.
- Cancellation fees may apply if less than 24 hours' notice is provided.
- I am responsible for any outstanding accounts.

☐ **I acknowledge and accept financial responsibility.**

10. Declaration

I declare that the information provided is true and correct to the best of my knowledge.

Patient Name: _____

Signature: _____

Date: ___ / ___ / _____