



Patient Details

Appointment Type (must be completed)

Community visit RACF Call Out Telehealth Brisbane Clinic

Title: _____ **Surname:** _____ **Given Name/s:** _____

D.O.B: _____ **Gender:** Male Female Other (or rather not say)

Address: _____ **Room #:** _____

Suburb: _____ **State:** _____ **Postcode:** _____

Contact number: _____ **Fax number:** _____

Indigenous status: Aboriginal Torres Strait Islander Both Neither

Medicare Card No: _____ **Ref. No.:** _____ **Expiry:** _____

DVA Card No.: _____ **Ref. No.:** _____ **Expiry:** _____

Next of Kin: _____ **Relationship:** _____ **Contact No.:** _____

Do you have an Enduring Power of Attorney or Advanced Care Directive? Yes No

If yes, please give details (i.e. name of EPOA): _____

Emergency Contact: _____ **Relationship:** _____ **Contact No.:** _____

RACF or Home Care Provider Name: _____ **Contact Name:** _____

Email Address: _____ **Contact No.:** _____

GP Practice Name: _____ **GP Contact Name:** _____

Email Address: _____ **GP Contact No.:** _____ **GP Fax No.:** _____

Problem/s for review (i.e. where is your wound, how long have you had it, current treatment)

Patient medical history (current and/or previous conditions): Please send patient medical history or complete below

Copy of Medical History Attached: Hypotension Palliative **Mobility:**
 Dementia Incontinence Peripheral Arterial Disease Active walking
 Diabetes Kidney Disease Smoker/per day: Needs assistance
 High cholesterol Malignancy Stroke Full hoist transfer

Patient Current Medications: Please send patient medication chart or complete below

Copy of medication chart attached: Anti-infectives Immunomodulators or antineoplastic
 Analgesics Cardiovascular Nutritional supplements
 Anticoagulant or antiplatelet Dermatological drugs Rheumatological drugs



Patient Information Consent

Please select either Yes or No for each point below. By signing this form you consent to any items marked Yes. You can withdraw your consent at any time by writing to Wound Innovations at reception@woundinnovations.com.au.

Do you consent for your health information to be shared with other health care providers, including your GP or specialist and your home care provider/aged care facility? Yes
 No

Do you consent for de-identified clinical photographs to be used for research, education and training purposes? Yes
 No

Do you give consent for email communication (please read the conditions below)? Yes
 No

I, _____ consent to be treated by Wound Innovations and have read and fully understand (or have been explained) the information herein.

Signature: _____ Date: _____

Signed by Patient, Patient's Enduring Power of Attorney or Substitute Decision Maker

Email Communication Consent

Wound Innovations must take reasonable steps to keep your personal information safe and secure from unauthorised access, modification or disclosure and also against misuse and loss. However, transmitting your information by email has risks that you should consider and we require your consent. By giving consent, you agree to the conditions for the use of email communication.

You can change your consent at any time by contacting us on 1300 WOUNDS or 07 3724 0100 or by emailing us at reception@woundinnovations.com.au. There will be no effect on our service provision if you withdraw your consent.

Conditions for the use of unsecured or unencrypted communication:

- You acknowledge that Wound Innovations will use reasonable means to maintain security and confidentiality of email information sent and received. However, because of the risks outlined above, we cannot guarantee the security of email communication and will not be liable for the inadvertent disclosure of confidential information.
- You will not communicate with Wound Innovations via email for urgent or emergency situations.
- You will not use email for communication regarding sensitive medical information.
- Wound Innovations will not use email in place of a consultation
- You are responsible for informing us of any information you do not want sent by email and of email address changes
- You understand that email communications between you and Wound Innovations may be recorded on your file.
- Wound Innovations clinical and/or administration staff may receive and read or respond to your messages.
- You are responsible for protecting your password or other means of email access to email. Wound Innovations is not liable for breaches of confidentiality caused by you or any third party.
- Wound Innovations will not forward patient-identifiable emails outside of Wound Innovations without your prior written consent, except as authorised by you or required by law. Please refer to Wound Innovations' Privacy Policy.