wound innovations

Please return completed form by:
Fax: 07 3059 6030
Email (only if email consent has been provided):
reception@woundinnovations.com.au

Patient Information & Consent Form (all sections must be completed)

Appointment Type

☐ RACF onsite consultation ☐ Community consultation ☐ Telehealth

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 Details

Name of RACF or home care provider: Contact No.:

Contact Name & Position: Email Address:

If this appointment is for a home care patient, please give contact details of who is currently tending to the wound:

Contact Name : Contact No.:

Please provide name/s and email addresses for Correspondence and Wound Management Plan to be sent to:

Contact Name: Email Address:

Contact Name: Email Address:

GP Details

Is your GP aware of this referral to Wound Innovations? ☐ Yes ☐ No

GP Practice Name: GP Contact Name: GP Contact No.:

Email Address: Medical Objects ref: GP Fax No.:

Wound Information

Please supply a brief description of the wound/s to be seen (i.e. where is your wound, how long have you had it, current treatment)

Medication & Medical History

I have attached the patient's full medical history and medication chart ☐ Yes ☐ No

*Please note: RACF & Community provider patient's appointment **cannot** be booked unless full medical history and medication chart is supplied at the same time as this referral*

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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 consent for Wound Innovations staff to undertake procedures such as: general wound care, wound debridement and to take samples such as skin biopsy's and wound swabs?? ☐ Yes ☐ No

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

Do you give consent for your clinical consultation to be delivered via telehealth video conferencing? ☐ 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

Or if the patient or the patients EPOA has given verbal consent please complete the below:

Verbal consent gained from _____ on the _____ by

EPOA or Patients name ***Date***

_____ Signature: _____

Name and Job title of person who gained consent

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.

Wound Innovations LTD
ABN 32 625 162 343
PO Box 2375, Toowong DC QLD 4066
Phone: + 61 7 3724 0100
Fax: + 61 7 3059 6030
Email: reception@woundinnovations.com.au