



HEALTH PROVIDER REGISTRY (HPRy)

Consent Form

Medical Practitioner Contact Details



Personal Details

Title: _____ First Name: _____ Middle Initial*: _____ Surname: _____

Gender: Female Male Mobile: _____

Personal E-Mail: _____

Type(s) : _____ Subtypes : _____

(please see overleaf for a list of types and subtypes; you can specify multiple types and subtypes; please print)

If GP, Division of GP: _____

Practice Details private rooms only (where you want your medical records to go)

Primary Location

Practice Name: _____

#Street Address: _____

Suburb: _____ State: _____ Postcode: _____

#Postal Address: (If different from above) _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____ Provider No: * _____ (mandatory)

Practice E-Mail (reception): _____

Preferred mode of contact: Fax Practice E-Mail Post

Other Location (if applicable)

Practice Name: _____

#Street Address: _____

Suburb: _____ State: _____ Postcode: _____

#Postal Address: (If different from above) _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____ Provider No: * _____ (mandatory)

Practice E-Mail (reception): _____

Preferred mode of contact: Fax Practice E-Mail Post

(if you have more than two locations please photocopy)

I give the Health Provider Registry (HPRy) permission to use the above details for the purposes stated in the HPRy Information Brochure.

Signature

Date

Please fax back to: 1800 00 11 40 (FREE FAX)

Please retain this page for future reference. Enquiries Phone (08) 8271 8988

* used for identification purposes only

TYPES	SUB-TYPES
GP	
Anaesthetist	Intensive Care, Pain Medicine
Dermatologist	Dermatologic Surgery
Emergency Medicine Specialist	Paediatric Emergency Medicine
Obstetrician and Gynaecologist (O&G)	Diagnostic Ultrasound, Gynaecologist, Gynaecology Oncology, Maternal Foetal Medicine, Obstetrics, Reproductive Endocrinology & Infertility, Urogynaecology
Ophthalmologist	Cataract, Neuro-Ophthalmology, Oculoplastic, Orbital, Paediatric ophthalmologist, Retina
Paediatrician	General Paediatrics, Immunity, Metabolism, Neonatal, Paediatric gastroenterology, Paediatric Rehabilitation Medicine, Paediatric Urology, Paediatrics & Child and Adolescent Psychiatry
Specialist Physician	Cardiologist, Endocrinologist, Gastroenterologist & Hepatologist, General Medicine Physician, Geneticist, Geriatric Medicine Physician, Haematologist, Immunology & Allergy Physician, Infectious Diseases Physician, Intensive Care Medicine Physician, Neonatal/Perinatal Physician, Nephrologist, Neurologist, Nuclear Medicine Physician, Occupational Medicine Physician, Oncologist, Palliative Medicine Physician, Physiotherapy Physician, Public Health Medicine Physician, Rehabilitation Medicine Physician, Rheumatologist, Sleep Medicine Physician, Thoracic Medicine Physician
Psychiatrist	Faculty of Child & Adolescent Psychiatry, Faculty of Old Age, General Adult, Section of Addiction Psychiatry, Section of Consultation-liaison Psychiatry, Section of Forensic Psychiatry, Section of Psychotherapy
Surgeon	Breast/Endocrine, Cardiothoracic, Colorectal, Cosmetic, Craniomaxillofacial, ENT head/neck, Foot and ankle, Gastrointestinal, General Surgery, Hand, Hand and upper limb surgery, Hepatobiliary, Hip, Laparoscopic surgery, Neurosurgery, Orthopaedic, Paediatric Surgeon, Plastic, Spinal, Urology, Vascular

note : sub-types are not mandatory