



# HEALTH PROVIDER REGISTRY (HPRy)

## Consent Form

### Medical Practitioner Contact Details

SA Divisions  
of General  
Practice Inc



#### Personal Details

Title: \_\_\_\_ First Name: \_\_\_\_ Middle Initial\* \_\_\_\_ Surname \_\_\_\_  
Gender: Female ☐ Male ☐ Mobile: \_\_\_\_  
Personal E-Mail: \_\_\_\_  
Type \_\_\_\_ Subtypes : \_\_\_\_  
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 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 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

<b>TYPES</b>	<b>SUB-TYPES</b>
GP	Locum
Anaesthetist	Intensive Care, Pain Medicine
Dermatologist	Dermatologic Surgery
Obstetrician and Gynaecologist (O&G)	Reproductive Endocrinology & Infertility, Diagnostic Ultrasound, Urogynaecology, Gynaecology Oncology, Maternal Foetal Medicine
Ophthalmologist	Retina, Orbital, Paediatric, Neuro – Ophthalmology, Oculo - Plastics
Paediatrician	General Paediatrics, Paediatrics & Child and Adolescent Psychiatry, Paediatric Rehabilitation Medicine,
Specialist Physician	Genetics, Endocrinology, Gastroenterology and Hepatology, General Medicine, Haematology, Immunology & Allergy, Infectious Diseases, Intensive Care Medicine, Neonatal/Perinatal Medicine, Nephrology, Neurology, Nuclear Medicine, Oncology, Geriatric Medicine, Palliative Medicine, Rheumatology, Sleep Medicine, Thoracic Medicine
Psychiatrist	Faculty of Child & Adolescent Psychiatry, Faculty of Old Age, Section of Addiction Psychiatry, Section of consultation – liaison psychiatry, Section of Forensic Psychiatry, Section of Psychotherapy
Surgeons	Cardiothoracic, Breast/Endocrine, Colorectal, ENT head/neck, General Surgery, Vascular, Plastic, Paediatric, Orthopaedic, Neurosurgery, Ophthalmology, Urology

**note** : sub-types are not mandatory