



SELF-REFERRAL & CONSENT FORM

Use block letters or an X and sign.

Your personal information is protected by law including the Health Records Act 2001 (Vic). Read our Privacy Policy online at bendigobreastclinic.com.au/privacy - The details provided below may be used to contact you and leave a message identifying ourselves as Bendigo Breast Clinic.

IMPORTANT:

This self-referral is to see our GP Breast Physicians who, if required, can refer you to see our Breast Surgeons. Your appointment to see our GP Breast Physicians will be exclusively for Breast Health - we will contact your regular GP regarding our consult, and all other health needs will be provided by your regular GP.

Name

First Name

Surname

☐

She/Her

☐

He/Him

☐

They/Them

☐

Other Pronoun

Date of Birth

DD/MM/YYYY

Phone Number

Email

Address

Street Address

City

State

Post Code

Language spoken at home

Private Health Fund - Fund Name

Medicare Number + Individual Number

Private Health Fund - Member Number

Are you of Aboriginal or Torres Strait Island origin?

☐

No

☐

Aboriginal

☐

Torres Strait Island

☐

Both

Who is your regular GP?

Your visit to us is for breast health consultation exclusively. All other health needs will still be provided by your regular doctor and details of your visit will be shared with this GP.

Doctors Name

Clinic Name

Name for Next of Kin/Emergency Contact

First Name

Surname

Phone

What is your breast concern? Please add a simple description

Current medications you are taking, including supplements

Medication	Dosage eg mg/ug/ml	Frequency

Are you or could you be pregnant?

☐

Yes

☐

No

☐

Not Sure

Are you breastfeeding?

☐

Yes

☐

No

Are you currently taking Hormones (OCP or HRT)?

☐

Yes

☐

Yes

☐

No

Have you had a breast mammogram or ultrasound before?

☐

Yes

☐

No

If yes, where?

(screening facility name and location)

Do you have any family members (blood relatives) who have had cancer (of any kind) diagnosis?

☐

Yes - if so, please complete the following table

☐

No

Family Member	Where cancer was found - eg left breast	Side of family (mother or fathers side)

Do you have ovarian cancer?

☐

Yes

☐

No

Do you smoke?

☐

Yes

☐

No

Do you have any allergies?

☐

Yes

☐

No

Any other health events or disease?

CONSENT INFORMATION

Photography

From time to time we take photos of your body and breasts. This is a way of visually documenting the current presentation of your breast and assists us to understand any changes that might be occurring. Do you consent to photography during your consult?

☐

Yes

☐

No

Notifying & contacting your regular GP

Details of your visit to us will be made available to your regular GP. Do you consent to this information being shared to your regular GP?

☐

Yes

☐

No

Obtaining any relevant existing imagery, scans or relevant results

Any previous relevant results, scans or imagery will assist us with the speed, effectiveness and efficiency of your consult with us. Do you consent to Bendigo Breast Clinic seeking out and using this existing information from the relevant providers?

☐

Yes

☐

No

Multidisciplinary Team - MDT

It is often helpful for us to discuss your case with a Multidisciplinary Team (MDT). This may include other specialist and health professionals who can offer insights, expertise and recommendations for your particular set of circumstances. Do you consent to your case being shared with a MDT?

☐

Yes

☐

No

Education & Teaching

Conferences, education and training sessions are one way our team at Bendigo Breast Clinic share de-identified patient data to help improve patient outcomes - do you consent to sharing your information for this purpose?

☐

Yes

☐

No

Consent & Understanding

I acknowledge that the details provided to Bendigo Breast Clinic are correct. I understand that I can stop my consult at anytime.

Signature

Date DD/MM/YYYY