Adelaide University | Health Clinics

Adelaide University Health Clinics – My Healthier Life Form

Please complete all required fields in this form and once finished email to healthclinics.clinexphys@adelaide.edu.au. Thank you.

Section 1:
Are you a new patient or existing patient? *:

Section 2: Personal Details
Full name*:
Date of birth*:
Contact No. (Mobile preferred)*:
Email address*:

Additional Details (new patients only)			
Postal address:			
Are you any of the following:	☐ **Adelaide University Staff Member**	☐ **Adelaide University Student**	☐ **Adelaide University Alumni**
Do you identify as:	☐ **Aboriginal**	☐ **Torres Strait Islander**	☐ **Other Ethnicity**
Country of birth (if outside Australia):			
Language spoken at home:			
Allergies:			
Medical conditions (optional):			

Section 3: Emergency Contact Details
If you are under 16, please list a parent or guardian.
Name of Emergency Contact*:
Relationship to you*:
Contact number*:

Section 4: Telehealth Services

If you are accessing our telehealth services, please read and acknowledge the following documents:

I have read, understood and agree to the Adelaide University Allied Health Services – Telehealth Information

Do you consent? *

☐ **Yes**
☐ **No**

I have read, understood and agree to the Adelaide University Health Telehealth Audio/Visual Recording Information

Do you consent? *

☐ **Yes**
☐ **No**

Section 5: Consent

For the duration of my time as a client of Adelaide University Health Pty Ltd, I consent to:

Assessment and treatment by undergraduate/postgraduate student(s) under the supervision of qualified practitioners.

Do you consent? *

☐ **Yes**
☐ **No**

Adelaide University Health Pty Ltd using my personal information for the purpose of contacting me, either by phone, SMS, email or mail, in relation to my health care, notifying me of upcoming appointments and promotions.

Do you consent? *

☐ **Yes**
☐ **No**

Adelaide University Health Pty Ltd disclosing personal information or data collected during my attendance, or my child's attendance, at an Adelaide University Health Pty Ltd service to a third party for the purpose of potentially being used in scientific papers, journals, book chapters or reports that might be published by the third party **on the condition that my person information will remain confidential and I will be in no way identifiable from the data used.**

Do you consent? *

☐ **Yes**
☐ **No**

Please enter your name and date below to confirm your consent to the above. Note: For under 16 year old's, parent/guardian consent is required.

Full name*:

Date*:

Section 6: Privacy

Your personal information, including your health information, will be used and stored in accordance with the Australian Privacy Principles and Adelaide University Health Pty Ltd's Privacy Policy.

I have read and accept the conditions outlined in the Adelaide University Health Privacy Policy *:

Do you consent? *

☐ **Yes**
☐ **No**