

Patient Details Update and Consent Form:

Surname: _____ **First Name/s:** _____

Address change: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ **Mobile Phone:** _____

Next of kin:

Name: _____ Contact Phone: _____ Relationship: _____

Alternate emergency contact: *(if we can't contact you or next of kin)*

Name: _____ Contact Phone: _____ Relationship: _____

Our medical software has been upgraded to enable us to communicate with you more easily via SMS or the "Best Health App".

You can chose to receive communication from us via SMS and the app, or SMS only. We will be able to communicate with you about results received and other relevant information that currently requires a phone call.

If you enrol in the app, which is completely optional, you will also be able to receive a health summary, including your medical conditions, allergies and medications and fact sheets with health information.

Privacy and communication Consent

Do you consent to receiving SMS reminders for appointments? Yes No

Would you like to enrol to use the Best Health App? Yes No

Do you consent to receiving clinical communication via the app or SMS? *(eg: results)* Yes No

Do you consent to receiving clinical reminders via the app or SMS? *(eg: tests, referral due)* Yes No

Patient/carer's Signature: _____ **Date:** _____



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Download the Best Health App – available on Google Play for Android or the app store for iphone

