



**DR. TIM DEWHURST  
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**DATE:.....**

## **TELEHEALTH INFORMATION AND CONSENT FORM**

Please print, complete as you can, then scan and return to email above

### **Personal Information:**

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ IRN: \_\_\_\_\_ Exp: \_\_\_\_\_

Private Cover: \_\_\_\_\_ Country of birth / Ethnic origin: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Best contact: \_\_\_\_\_

Partner / Support: \_\_\_\_\_ Next of Kin: \_\_\_\_\_

Training / Experience: \_\_\_\_\_

Current Work: \_\_\_\_\_

GP Details: \_\_\_\_\_

### **Nature of current Difficulty:**

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**Telehealth Consultation Informed Consent:**

The benefits of having a Telehealth consultation can be:

- Reducing the waiting time to see a specialist or other distant service.
- Avoiding your need to travel to the specialist or distant service.
- Assisting your local health service to better look after you.
- I know that I might not get all these benefits.
- All services will be Bulk Billed at this stage.

The disadvantages of having a Telehealth consultation can be:

- A Telehealth consultation will not be exactly the same and may not be as complete as a face-to-face service.
- There could be some technical problems that affect the Telehealth consultation.
- This health care service uses systems that meet recommended standards to protect the privacy and security of the video visits. However, the service cannot guarantee total protection against hacking or tapping into the video visit by outsiders. This risk is small, but it does exist.

If the video visit does not achieve everything that is needed, then I will be given a choice about what to do next. This could include a follow up face-to-face visit, or a second video visit.

I understand that I can change my mind and stop using video consultations at any time, including in the middle of a video visit. This will not make any difference to my right to ask for and receive health care.

I also understand that any information kept by Dr Dewhurst will remain completely confidential unless there is a significant risk of harm to myself or others. I can also request that some or any information be not recorded.

I agree to have Telehealth video consultations with Dr Tim Dewhurst.

Name of Patient: \_\_\_\_\_

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Many thanks for your information. I will respect your privacy.

If you do not wish to enter specific information, kindly leave blank and discuss at first consultation.