

Thank-you for making an appointment at the Compass Immunology Clinic.

The Compass Immunology Clinic is located on the Ground Floor of the Administration Building, Suite 7a of the Greenslopes Private Hospital (entrance via the Emergency/Out-Patient driveway, not the Hospital's main entrance).

Please consider the following information before your appointment:

- Please ensure you have a current referral.
- Please complete the attached patient information questionnaire.
- Please bring any test results, scans, or correspondence you feel may be relevant to your consultation.
- If you anticipate having a skin prick allergy test during your appointment please:
 - Avoid taking antihistamines for 7 days prior to your appointment
 - Avoid all skin creams, moisturisers and sunblock on the forearms for 48 hours prior to your appointment
 - If you require antihistamines to control your symptoms especially hives or urticaria, please continue your usual treatment and we will assess alternative options for testing at your consultation if required
- We request payment at the time of your consultation and prefer credit card, eftpos or cheque.
- Please see the attached illustrative schedule of fees.
- Parking at The Greenslopes Private Hospital may be difficult at certain times. The best parking is in the paid car park in front of the Administration Building via the Emergency Department driveway entry. Alternatively the multistory car park to the south of the main building, or street parking. Please allow enough time to park and reach the clinic.
- The clinic usually runs on time. Please arrive 10 minutes prior to your scheduled appointment time to complete administrative matters.
- If you need to postpone or cancel your appointment we appreciate as much notice as possible, ideally at least 48 hours.
- If you are running unavoidably late on the day, please phone us to determine if we need to reschedule your appointment.
- If you believe your condition requires an earlier appointment or an urgent appointment please discuss this with your referring doctor who will contact us to arrange.

Dr. David Heyworth-Smith

Dr. Kathryn Heyworth

Dr. Paul Campbell

Dr. Susan Perel

Dr. Carl Kennedy

Dr. Kim Robertson

Dr. Luke Droney

Mr. Justin Gaffney RN

Ms. Paula Brown APD



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PATIENT INFORMATION		
First Name:	Surname:	D.O.B:
Home Phone:	Medicare #	
Mobile Phone:	Ref #	
Work Phone:	Expiry Date:	
Address:	Postal Address:	
DVA #	Private Health Fund & Member #	
Email:	Pensioner #	

NEXT OF KIN		
First Name:	Surname:	D.O.B:
Phone:	Relationship:	
Address / As Above	Medicare #	
	Ref #	Expiry Date:
Referring Doctor	General Practitioner:	

Known Medication allergies or adverse effects	Known or suspected severe food allergies
Usual medications and supplements (or attach list if preferred)	

I understand the following:
Previous investigation results and correspondence from other clinicians I have consulted with may be obtained to optimize my care.
It may be suggested to me to undergo skin prick allergy testing, intradermal allergy tests, allergy patch tests, provocation challenges, or other investigations.
My doctor may correspond with my referring doctor and other clinicians involved in my care unless I otherwise direct.
"Histamine" skin prick test reagent may be utilized in my skin allergy tests as a positive control. My doctor is an authorized TGA prescriber.
Signature of patient / parent or guardian: