

## Patient Consent Form

Pharmacy Name: \_\_\_\_\_

Date of Check (DD/MM/YYYY): \_\_\_\_\_

Check Type:

☐ Health Check   ☐ Concussion Check (Baseline or Assessment)

### Patient Details

Full Name: \_\_\_\_\_

Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Residential Address Postcode: \_\_\_\_\_

### Section 1: General Consent (All Patients)

By signing below, I consent to Sciana Health Pty Ltd (ACN 666 294 195) collecting, using, and disclosing my personal and health information (including that of any dependants I included in this booking) in accordance with the Privacy Act 1988 (Cth) and Australian Privacy Principles (APPs).

I understand that my information may be shared with:

- Sciana network pharmacies
- Relevant funders (e.g., insurers)
- Third-party analytics partners (e.g., Insight Actuaries)
- Technology providers (e.g., NeuroFlex®/Eyeonic)
- Research institutions (e.g., universities)
- My GP or other nominated healthcare providers

I understand I can withdraw my consent at any time by contacting support@sciana.health.

☐ I agree to the above General Consent.

### Section 2: Concussion Check Consent

*\*Only complete if attending for a Concussion Check.\**

By signing below, I consent to the findings of this check being used for future comparison in the event of a head injury. I understand:

- The check is not a diagnostic service.
- Findings will be compared to normative ranges if no baseline exists.
- Annual updates are recommended.
- Results are for informational use only and should not replace professional medical advice.
- Recent alcohol or drug use may affect the results, and I confirm I have provided accurate information.

Sciana Health Pty Ltd and its partners are not liable for any damage or loss from the use of this service or from inaccurate self-reporting.

☐ I agree to the above Concussion Check Consent.



support@sciana.health



sciana.health

### Section 3: Health Check Consent

*\*Only complete if attending for a Health Check.\**

By signing below, I consent to my personal and health information being collected and used for the purposes of the Health Check. I understand the check will include:

- Blood pressure
- Cholesterol levels (total, HDL, LDL)
- Height, weight, BMI
- Waist circumference & waist-to-height ratio
- Blood glucose level

I understand the results:

- Are for informational purposes only.
- Will be shared with my GP or nominated healthcare providers at my request.
- Do not replace medical advice, diagnosis, or treatment.
- Will be securely stored and used in line with the Privacy Act.

Sciana and its partners are not liable for any loss or damage from the use of this service.

☐ **I agree to the above Health Check Consent.**

Patient Declaration and Signature

I confirm that the information I have provided is accurate. I have read and understood the relevant consent statements above and agree to proceed with today's check(s).

**Signature:** \_\_\_\_\_

**Date (DD/MM/YYYY):** \_\_\_\_\_



support@sciana.health



sciana.health