

## CESPHN Health Service Directory consent form

<b>Title</b>	
<b>First name</b>	
<b>Surname</b>	
<b>Gender</b>	
<b>Practice name</b>	
<b>Practice address</b>	
<b>Practice phone</b>	
<b>Practice fax</b>	
<b>Languages spoken</b>	
<b>If AHP, which profession?</b>	<input type="checkbox"/> Audiologist <input type="checkbox"/> Chiropractor <input type="checkbox"/> Diabetes educator <input type="checkbox"/> Exercise physiologist <input type="checkbox"/> Mental health social worker <input type="checkbox"/> Optometrist <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Psychologist <input type="checkbox"/> Clinical psychologist <input type="checkbox"/> Dentist <input type="checkbox"/> Dietitian <input type="checkbox"/> Mental health nurse <input type="checkbox"/> Occupational therapist <input type="checkbox"/> Osteopath <input type="checkbox"/> Podiatrist <input type="checkbox"/> Speech pathologist
<b>If specialist, which discipline/s?</b>	
<b>Special interests</b>	
<input type="checkbox"/> I give consent for my practice details to appear on the health service directory on the CESPHN website ( <a href="http://www.cesphn.org.au">www.cesphn.org.au</a> )	
<b>Date</b>	
<b>Signed (type name if submitting online)</b>	

To submit this form, either:

1. Send by email using the 'Submit by email' button above (must have latest version of Adobe Acrobat Reader)
2. Fax back to CESPHN on 9799 0944
3. Post to CESPHN, Level 1, 158 Liverpool Road, Ashfield 2131

If you would like further information, contact Central and Eastern Sydney PHN on 9330 990 or 9799 0933, or email [info@cesphn.com.au](mailto:info@cesphn.com.au)