



## Paediatric Patient Registration and Acknowledgement

Family Name		
Given Names	Miss/Master	
Home Address:.....Suburb.....P/C.....		
Postal Address:.....Suburb.....P/C.....		
Phone: (H)	(W)	(M)
DOB / /	Email Address	
Medicare No	Ref No	Valid to
Pension/Health Care Card No:		
Private Hospital Insurance	Yes/No	Extras Yes/No
Name of Fund	Membership No	Ref No
Family Doctor/GP Name		
Address		
Referring Doctor/Optomtrist		
Address		
Account to (if different from above): Name		
Address		

MOTHER'S DETAILS	FATHER'S DETAILS
Name	Name
Address .....	Address .....
Postcode	Postcode
Date of Birth	Date of Birth
Medicare No	Medicare No
Ref No	Ref No
Home Ph:	Home Ph:
Mobile:	Mobile:

GUARDIAN/CARERS DETAILS WHO MAY BE ATTENDING INSTEAD OF PARENT	
Name	
Relationship to child	
Ph:	

Please complete and sign next page →

**Patient (or Next of Kin or Power of Attorney) Acknowledgements and Consents**

(PLEASE READ CAREFULLY)

1. I confirm that I am personally responsible for the payment of all medical accounts;
2. I acknowledge and consent to all personal information being used for my overall welfare and medical care, and give my permission for any of my details to be given to other health professionals in the course of any medical treatment;
3. I consent to all and any clinical photographs of or relating to me to be used for teaching, patient information, medical lectures or medical publication. Photographs used may/may not identify me;
4. I understand these acknowledgements and consents, and have the authority to sign as, or on behalf of, the patient.

**Medicare Guidelines – for your information**

In order to obtain a rebate from Medicare for a specialist consultation you must have a current referral. Referrals issued by a GP or Optometrist are generally valid for 12 months. Referrals issued by a Specialist are valid for 3 months. If you do not have a valid referral your “non-referred attendance” will attract Medicare benefits as a “Standard Consultation”, which means that you will be required to pay a much larger “gap payment”. The onus is on the patient/parent/guardian to ensure your referral is kept current. If you require further information, please ask the Reception Staff.

Signed: ..... Date: .....

Print name: .....