



Patient Registration and Acknowledgement

Mr / Mrs / Ms / Miss / Mstr / Dr / Prof

Family name: Given names:

Home Address: (Suburb).....P/C.....

Postal Address: (Suburb).....P/C.....

Phone Number: (H): (W): (Mob):

Date of Birth:Email address:.....

Medicare Number: Ref No: Valid to:

Veterans' Affairs (SX number) card Number: Gold card? Yes/No

Pension / Health Care Card No: Expiry Date

Private Hospital Insurance: Extras: Yes/No

Membership No: Position No:Level of Cover

Family Dr (GP) & Address:.....

Referring Dr/Optomtrist & Address:.....

Next of Kin:.....Relationship.....Telephone.....

Please complete if Worker's Compensation or Third Party

Has a claim been lodged? Yes / No Claim No:

Contact name: Tel:

Employer's name:

Address: P/C

Solicitor's name:

Address: P/C

Please read and sign next page➔

Patient (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: