

PERSONAL DETAILS

NEW PATIENT FORM (PAGE 1)

Please complete **BOTH SIDES** and send back PRIOR to appointment

Title: _____ Date of Birth: ____ / ____ / ____
 Surname: _____ Given Name(s): _____
 Preferred Name: _____

If the patient is younger than 15 years of age, please provide the details of the parent / guardian below:

Title: _____ Date of Birth: ____ / ____ / ____
 Surname: _____ Given Name(s): _____
 Medicare Ref No:

Street Address (or PO Box): _____
 Suburb: _____ Postcode: _____
 Email: _____

Telephone numbers Home: _____
 Work: _____ Mobile: _____

Next of Kin Details (family member / friend / medical power of attorney)
 Name: _____ Relationship: _____
 Contact number: _____

CLAIM DETAILS

Medicare Card Number: Expiry: ____ / ____

Reference Number: (number to the LEFT of your name)

Private Health Insurance: Extras Hospital Hospital & Extras
 Fund Name: _____ Membership number: _____

Pension (aged / disability) or DVA Cards Yes No
 Pension number: _____ Expiry: ____ / ____ / ____
 Dept. Veterans Affairs: _____ White Gold Expiry: ____ / ____ / ____

WorkCover Details (if applicable)
 Claim number: _____ Date of Injury: ____ / ____ / ____
 Insurer: _____ Employer: _____
 Case Manager: _____ Phone: _____ Fax: _____

TAC Details (if applicable)
 Claim number: _____ Date of Accident: ____ / ____ / ____

REFERRER & GP DETAILS**NEW PATIENT FORM (PAGE 2)****Referring Practitioner Details**Name: _____ Clinic: _____
Suburb: _____**Family Doctor Details (GP)**Name: _____ Clinic: _____
Suburb: _____**MEDICAL HISTORY**

Please list current medications: _____

Are you a diabetic? Yes NoAre you a smoker? Yes NoDo you take any blood thinning agents (e.g. Warfarin, Plavix, Aspirin, Asasantin)? Yes NoDo you have any allergies? Yes No

If yes, please provide details: _____

CONSULTATION FEES**ALL ACCOUNTS MUST BE SETTLED ON THE DAY OF YOUR CONSULTATION**

We accept cash, cheques and most credit cards. We do not accept Diners Club.

Initial consultation fee for **private patients:** **\$185.00** (with a Medicare rebate of \$76.80)**pensioners:** **\$120.00** (with a Medicare rebate of \$76.80)**PLEASE NOTE: there may be extra fees for any investigations, scans and/or procedures where required. This includes A-Scans which are necessary for cataract patients to the value of \$105-\$200. Longer consultations or complicated cases may incur additional fees which is at the doctor's discretion.**

I hereby agree to pay all associated fees relating to my consultations and/or surgery, performed either by A/Prof Alan McNab, Dr Michael Loughnan, Dr Thomas Hardy, Dr Khami Satchi or Dr Dermot Cassidy. I acknowledge that if an account is overdue, Eye Surgery Consultants reserve the right to refer the account to a collection agency. I agree to meet all reasonable costs and commissions incurred in employing the collection agency to collect the overdue account. I have read and understood this fee arrangement.

PATIENT / GUARDIAN SIGNATURE: _____ **DATE:** ____ / ____ / ____

Your personal information will only be used or disclosed for purpose directly related to providing you with quality health care, or in ways you would reasonably expect us to use it in order to provide you with this service. Eye Surgery Consultants' privacy policy is available on our website www.eyesurgeryconsultants.com.au or hard copies are available at the practice.

If you do not wish for your information to be used for training of health professionals, please tick here