

Please fill out this form and return it as soon as possible.

If you have a valid referral to cover your appointment, you will be able to claim a Medicare rebate after payment (or a rebate from your overseas health cover if this is relevant to you). Please also be aware that clinic appointments are **not** covered by health insurance. Hospital health insurance cover only applies to admission to hospitals or day surgery if your policy covers the relevant procedure.

Section A: **Personal details**

Title	First Name (as displayed on Medicare card)	Surname	
Date of Birth		Preferred Name	
Home Street Address	Suburb	State	Postcode
Postal Address (if different from above)			
Primary Contact Number	Home Phone	Alternative Contact	
Email			
Medicare Number	Your Reference Number	Expiry Date	
Pension Card Number (Blue and purple card)	Expiry Date		
Veteran's Affairs Number	Card Type	If White card, condition (s) covered	
<p>Is your problem related to a TAC or Workcover claim? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>TAC/Workcover Claim number (Please supply a copy of the TAC/Workcover claim paperwork)</p>			
<p>Do you have Hospital cover for Private Health Insurance? (+ 1 year) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Health Insurance Fund Name	Membership Number	Health Insurance Level of Hospital Cover (Not extras)	

Section B: **Next of Kin** (If your next of kin is your medical Power of Attorney, please supply a copy of the Power of Attorney document)

Name	Relationship	Contact Number
Email		
Address (eg. Apt 1, 23 Smith Street, Melbourne VIC 3000)		

Do you give permission for the clinic to contact your N.O.K if we are unable to contact you? Yes No

Section B: Medical History (Please provide a GP health summary if you have complicated health history)

Name of your Local Doctor	Clinic Name	Clinic Phone Number

Clinic Address (eg. Apt 1, 23 Smith Street, Melbourne VIC 3000)

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Name of your Optometrist	Clinic Name	Clinic Phone Number

Clinic Address (eg. Apt 1, 23 Smith Street, Melbourne VIC 3000)

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List of Health Issues

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List of Current Medications

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List of Known Allergies

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List of Past Operations

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Section C: Consent

We aim to protect the privacy and secure storage of your health information.

We require your consent to collect personal information about you and to use the information you provide in the following ways.

- Billing purposes and Administrative purposes in running our medical practice.
- Disclosure to others involved in your healthcare
- For research and quality assurance activities (De-identified) you will be informed and given the opportunity to “opt out” of any involvement.
- To comply with any legislative or regulatory requirements eg. notifiable diseases.
- For reminder letters which may be sent to you regarding your health care and management.

I give consent for my personal information being using in the ways listed above

Signature of Patient or Guardian	Date

Please notify us promptly of any changes in your contact details.