

NEW PATIENT FORM

To assist us with patient records, please fill in the following questionnaire:

Contact Details

Title: Dr / Mr / Mrs / Miss / Ms / Mast / Other:

First Name: **Surname:**

Address: **Suburb:** **Postcode:**

Postal address if different to above:

Telephone: Home: Work: Mobile:

Email: **Occupation:**

Date of birth: / / **Current Age:**

Private Health Insurance Fund Name:

Member number: **Number of Years in Fund:**

Medicare card number: _____ REF No: Valid to: /

Pension Card Number: Valid to: /

Veterans Affairs Care Card Number: **Colour of DVA Card:**

Next of kin: **Relationship:**

Phone: Mobile:

Name of Referring Doctor:

Name & Address of Family Doctor (If different to referring doctor):

Practice Fees

	Cost	Pensioner Rate	Medicare Rebate
Consultation 104	\$ 220	\$ 130	\$ 72.75
Review 105	\$ 120	\$ 80	\$ 36.55

****This practice does not bill private health funds directly for any surgery. There will be an out of pocket fee for surgeries performed by Mr Hayden Morris.***

About your personal Health Information

The personal health information that you provide during your consultation and subsequent treatment will be collected for the purpose of providing you with high quality health care. Our policy is to protect your privacy and this information will only be disclosed to other health care workers where necessary or required under legislation. I agree and consent to my health information being used in accordance with the Victorian Health Records Act, 2001.

Patient Signature:

Date: / /

PLEASE NOTE: In order to obtain Medicare Rebates you are required to have a valid referral for every appointment. If you are unsure that your referral is valid please speak with our reception staff. Payment must be made on the day of your consultation via EFTPOS, Credit Card or Cash.

Thank you.