

Patient Information Sheet

Surname (Mrs / Mr/ Ms / Miss / Dr)

First Names

Address Postcode

Contact Numbers Home

 Work

 Mobile

Spouse/partner's Name

Date of Birth Occupation

Referring Doctor Name

Address

GP Name

Address

Medicare number Ref Expiry

Private Hospital cover: Yes / No Type: Family / Personal

Name of Fund Membership number

Are you on a Government Pension: Yes / No Number

Workcover/MVA Details - if applicable

Name of Insurer

Address of Insurer

Contact No Fax

Case Manager

Claim no Date of claim

Name of Employer

Privacy Information:

I understand that some of this information will be provided to Medicare as part of the billing and medical rebate process. It may also be used for providing information to your Private Health Fund where appropriate. Information about your medical condition will also be passed on to your referring Doctor / General Practitioner, and other relevant Practitioners or medical bodies in accordance with your consultation. At all times your personal details and medical history are confidential between you and your Doctor and will not be released to anyone else including family members without your consent.

Signature **Date**