Bundoora
Specialist Health Care

445 Grimshaw Street
Bundoora VIC 3083
Tel: (03) 9470 8300
Fax: (03) 9470 8311

PATIENT REGISTRATION

We are committed to providing our patients with the best care, to do this it is essential that your medical records are up to date and accurate.

SURNAME: _____ FIRST NAME: _____

PREFERRED NAME: _____ COUNTRY OF BIRTH: _____

TITLE: MR / MRS / MISS/ MS / DR / OTHER (Please circle)

OCCUPATION: _____ DATE OF BIRTH: _____

ADDRESS: _____

SUBURB: _____ POSTCODE: _____

TELEPHONE (H): _____ MOBILE: _____

POSTAL ADDRESS (IF DIFFERENT): _____

NEXT OF KIN: _____

RELATION TO PATIENT: _____

ADDRESS: _____

TELEPHONE: (H) _____ MOBILE: _____

GP NAME:

ADDRESS: _____

MEDICARE NO: _____ REF NO: ____

EXPIRY DATE: _____

PENSION CARD NO: _____ EXPIRY DATE: _____

DVA CARD NO: (WHITE OR GOLD) _____

PRIVATE HEALTH INSURANCE: YES / NO

HEALTH FUND: _____

MEMBERSHIP NO: _____

Fee Notice: Accounts are payable on the day of consultation, we quote the highest payable fee at the time of booking your consultation. Medicare rebates are available. We accept cash, EFTPOS or credit card. We value your privacy; your information is collected to maintain the most up to date records to help provide the highest quality care.

Signed: _____ Date: _____