

A/Prof LEO DONNAN

Patient **Registration Details** (Adult)

**Personal Details**

Mr/Mrs/Ms	First Name:	Surname:
Date of Birth:	____ / ____ / ____	Sex:      Male      Female
Home Address:		
Home Phone No:		Mobile Phone No:
Work Phone No:		Email:
Spouse/Partner's Name:		Contact Phone No:

<b>Presenting Problem:</b>	
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<b>Referring Doctor:</b>	
Address of Referring Doctor:	
	Phone No:
<b>Family Doctor:</b>	
Address of Family Doctor:	
	Phone No:

<b>Medicare No:</b>	____ / ____ / ____ Ref no: ____
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<b>Health Insurance Fund:</b>	Member No:
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<b>TAC/Workcover/DVA</b>	
TAC Claim Number:	Date of accident:
WorkCover Claim No:	Date of accident:
DVA Claim No:	Type of card:

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**Medical History**

Date	Past Medical History Including Surgical Procedures	Specialist/Doctor

<b>Allergies:</b> <i>(List details of all allergies and reactions)</i>	
<i>Allergy</i>	<i>Reaction</i>

<b>Current Medications:</b> <i>(List all current medications)</i>	

Full fee is payable on the day of consultation by cash, cheque, credit card or Eftpos. Cards accepted are VISA, MasterCard. We do not accept Diners & Amex cards. In the event where your overdue account is referred to a collection agency and/or law firm, you will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs.

**Fees:**

<b>Initial Consultation</b>	<b>\$220.00</b>	<b>Medicare Rebate</b>	<b>\$72.75</b>	<b>Patient Contribution</b>	<b>\$147.25</b>
<b>Review Consultation</b>	<b>\$130.00</b>	<b>Medicare Rebate</b>	<b>\$36.55</b>	<b>Patient Contribution</b>	<b>\$93.45</b>

Signature.....

Date.....