

A/Prof LEO DONNAN

Patient **Registration Details** (*Paediatric*)

Personal Details	
First Name:	Surname:
Date of Birth:	Sex: Male Female
Home Address:	
Home Phone No:	Email:
Mother's Name:	Contact Phone Numbers Work: Mobile:
Father's Name:	Contact Phone Numbers Work: Mobile:

Presenting Problem:	
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Referring Doctor:	
Address of Referring Doctor:	
	Phone No:
Family Doctor:	
Address of Family Doctor:	
	Phone No:

Medicare No:	___ ___ ___ ___ / ___ ___ ___ ___ ___ / ___ Ref no: ___
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Health Insurance Fund:	Member No:
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Person Responsible for Account: (if different from patient)	
Name:	Address:
TAC CLAIM No:	

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Medical History		
Date	Past Medical History Including Surgical Procedures	Specialist/Doctor

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

Current Medications: <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:

Initial Consultation	\$220.00	Medicare Rebate	\$72.75	Patient Contribution	\$147.25
Review Consultation	\$130.00	Medicare Rebate	\$36.55	Patient Contribution	\$93.45

Signature.....

Date.....