

# PROFESSOR GREG BAIN

## NEW PATIENT REGISTRATION (5/2020)



SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

Mr / Mrs / Miss / Ms / Dr / Other \_\_\_\_\_ PREFERRED NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PHONE: Mob: \_\_\_\_\_ Hm: \_\_\_\_\_ Wk: \_\_\_\_\_

DO YOU CONSENT TO TEXT MESSAGE REMINDERS FOR FUTURE APPOINTMENTS: YES / NO

EMAIL: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MEDICARE CARD NO: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

REF NO: \_\_\_\_\_ (number on left hand side of your name) EXP DATE: \_\_\_\_\_ / \_\_\_\_\_

DVA CARD (if applicable): \_\_\_\_\_ AGED PENSION CARD NO: \_\_\_\_\_

NEXT OF KIN: Mr/Mrs/Ms/Miss/Other \_\_\_\_\_: \_\_\_\_\_  
First Name Surname

RELATIONSHIP to you e.g. husband/wife/friend etc \_\_\_\_\_

NEXT of KIN CONTACT No: Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work \_\_\_\_\_

GP NAME AND/OR CLINIC NAME: \_\_\_\_\_

YOUR GP ADDRESS: \_\_\_\_\_

REFERRING DOCTOR (if different to GP above): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRIVATE HEALTH HOSPITAL INSURANCE FUND NAME: \_\_\_\_\_

MEMBER NO: \_\_\_\_\_ (GOLD / SILVER / BRONZE / OTHER \_\_\_\_\_)

IS THIS A WORKERS COMPENSATION CLAIM? YES / NO

If yes, please see reception staff for an additional form

IS THIS A THIRD PARTY / INSURANCE CLAIM? YES / NO

If yes, please see reception staff for an additional form

PERSON RESPONSIBLE IF PATIENT IS A MINOR? \_\_\_\_\_ DOB: \_\_\_\_\_

### FINANCIAL RESPONSIBILITY

As I am seeking private treatment I acknowledge that payment of accounts is my responsibility and that all accounts must be paid within 30 days. Professor Bain charges above the Schedule Fee. (Medicare pays only 75% - 85% of the Schedule Fee.) THERE WILL BE GAP PAYMENTS APPLICABLE ON CONSULTATIONS. FULL PAYMENT OF THE ACCOUNT IS REQUIRED ON DAY OF CONSULTATION. I acknowledge and consent that information I have provided on this form may be provided to a third party for purposes related to my health care.

You can discuss further with Dr Bain the collection and access of private information. A detailed information sheet for collection and disclosure of your private information is also available at your request. Please ask at the reception desk for a copy if required.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_