

Patient Registration Form

Welcome to our Practice. It is necessary for us to have the following information which will be handled confidentially. Please contact us prior to your scheduled appointment by post, or fax 03 6333 0944 or email office@launcestonobsgyn.com.au

Type of Patient [] New [] Existing - please update details if changed
Title [] Mrs [] Ms [] Miss [] Dr
Given name
Family name
Preferred name
Address
Date of birth / /
Telephone mobile: home: business:
Email address
Medicare card number Ref No. expiry date:
Private health insurance [] Yes [] No
Fund name Membership No.
Are you fully covered for obstetric and/or gynaecological care in a private hospital?
Obstetrics [] Yes [] No Gynaecology [] Yes [] No
Referring Doctor
Usual Doctor
Your Occupation
Emergency Contact Person
Contact's telephone/mobile
Contact's relationship to you

Terms and Conditions

- This Practice does not bulk bill
Payment in full is required at the time of consultation. Overdue accounts will be charged an accounts fee and long overdue accounts will be referred to a Collection Agency and will have all legal costs and commission added to the amount due.

I declare that I understand the above information and agree to abide by these terms and conditions, including payment of all collection fees that may be charged by a Collection Agency.

Patient's Signature..... Date