Dear Patient **Appointment Date :**

Please complete the details below in full and return to us by mail, fax or email prior to your appointment. Please bring any x-rays you may have with you on the day of your appointment.

Title: Mr/Mrs/Ms/Miss/Dr First Name:___________________________ Surname:____

Address:____ Postcode: _______________

Phone: (H) ____________________(W) ____________________ (Mob) ____

Date of Birth: __________________E-mail: ____

Occupation: ____

Name & Address of your usual doctor:____

Name and telephone no. of next of kin: ____

Person responsible for fees: SELF/ TAC/ WORKCOVER / VETERANS AFFAIRS / PARENT

If parent, name of parent responsible for account____

Medicare No: ___________________________________ Ref No. on card _________ Exp: __________________________________

Pension Card No: ________________________________ Veterans Affairs Card No: _____________________________________

Do you have Private Health Insurance YES / NO

Health Fund Name: __________________________________ Member No: ____

If TAC or WORKCOVER :-

Insurance Company: ____

Claim No. _________________________________ Date of Accident : ____

Employer's Name & Address____

Employer Phone: _______________________________ Contact Person: ____

Do you have any medical problems : Diabetes Asthma High Blood pressure Heart disorder Other

If other please provide brief details:____

Regular medications: ____

Allergies to medication:____

FEE NOTICE
A standard consultation is $130.00 and review $70.
TAC, Workcover and DVA accounts will be sent directly to the relevant agency.

I have read the above and agree to abide by the payment terms of this practice. I consent to all or any of the above information to be released to other health providers and agencies during the course of my treatment.

Signature: _______________________________ *Date:* ______________________

Mr. R. Dallalana, Level 7, 166 Gipps Street, East Melbourne 3002, Tel: 8415 1907, Fax: 8415 0132,
Email dallar@theparkclinic.com.au *(Please note we are at Gipps Street East Melbourne and **not** Gipps Street Collingwood)*
For all enquiries please telephone 8415 1907