

PATIENT REGISTRATION

It is important that you complete all sections of this registration form. Please inform the receptionist if you are unable to do so.

(MRS/MS/MISS/MR/DR) GIVEN NAME SURNAME

ADDRESS SUBURB

TELEPHONE (Home) (Work) (Mob)

EMAIL ADDRESS

DATE OF BIRTH OCCUPATION

NEXT OF KIN (if patient under 18) DATE OF BIRTH

NEXT OF KIN PHONE

MEDICATIONS

ALLERGIES

GP NAME & ADDRESS

SPECIALISTS DOCTORS

HOW DID YOU HEAR ABOUT US? GP/Optomtrist Google Website Facebook Family/Friend Newspaper

MEDICARE NO REF NO (number next to your name on the card) EXP DATE

PRIVATE HEALTH FUND Membership Number

VETERANS AFFAIR

CENTRELINK PENSIONER CARD/HEALTH CARE CARD EXPIRY DATE

CONSENT

I have been provided with a copy of Nepean Valley Eye Surgeons(NVES) Privacy Policy.

I agree to NVES storing and using my records in the way described in the policy.

I am aware that if I wish to access my medical records I must make a written request and that there may be a fee payable.

We have the ability to send your correspondence to your current referrer electronically. While every effort is made to ensure the security of this data, it may be sent unencrypted.

I understand that an observer may be present during my consultation/procedure and that my medical treatment will remain confidential.

I understand that my appointment may take up to 2 hours and I may have dilating drops which can blur vision for up to 2 hours after the appointment which may affect your ability to read and drive a motor vehicle.

PAYMENT PROCEDURES

Please advise the receptionist if you are unable to pay your account at the time of consultation. Patients who do not pay their account after consultation are advised that the payment is due within 14 days. Accounts not paid within 14 days will incur a late fee. This practice uses a Debt Recovery service for overdue accounts.

Any charges incurred for this service will be passed on to the patient. We understand you may need to cancel your scheduled appointment, please notify us as soon as possible, however if an appointment is missed or cancelled without 1 business days' notice a fee of \$80 may be incurred.

Patient/Guardian Signature:

Date: