

## 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/Mx) 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  →  FULL COVER  EXTRAS ONLY  UNSURE

HEALTH FUND Membership Number  REF NO

WORKER'S COMPENSATION – Please provide all documents to reception along with this form.

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

Accounts are payable at the time of consultation. We accept cash, Visa, Mastercard, American Express and cheque. 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: