

NEW PATIENT INFORMATION SHEET

(please complete all sections and provide a list of medications on the reverse of this sheet)

Personal Information

Mr / Mrs / Ms / Miss / Mstr / Dr (please circle) Date of Birth _____

Surname _____ Given Name/s _____

Phone H _____ W _____ M _____
If you do not want to receive information including appointment reminders via SMS please mark this box []

Address _____

Email _____ Occupation _____

Medicare No. _____ Ref _____ Expiry _____

Health Fund _____ Membership No. _____

DVA No. _____ Card Colour Clear / White / Gold / Orange

Pension / HCC (please circle) Number _____ Expiry _____

Who is responsible for your account? Self / Other (if Other, please provide details below)

Name, Address, Phone, Contact _____

Result of TAC / Workcover (please circle) Contact and Claim No. _____

Please note: If the insurer or persons listed above deny liability you will be responsible for payment of all accounts

Emergency Contact Information

Full Name _____ Relationship _____

Phone H _____ W _____ M _____

Medical Practitioner Information

Referring Dr _____ Usual GP _____

Referral information: Referrals provided by a **General Practitioner last for a period of 12 months** unless your Doctor has specified "ongoing" or "indefinite" referral. After 12 months it is essential for you to provide a new referral from your General Practitioner to meet Medicare requirements. If you have been referred by a **Specialist Physician or through a Public Hospital your referral will only last for a period of 3 months**, we recommend obtaining a referral from your General Practitioner.

Medical Release

- I provide consent for Peninsula Cardiology to obtain any relevant test results and correspondence relating to my medical history.
- I provide consent for results and correspondence to be sent to my referring and usual doctors as well as other medical professionals involved in my care when requested.
- I provide consent for messages to be left with immediate family members (eg. Appointment Confirmation)
- I understand that Consultation Fees are due for payment on the day of Consultation (gap payments are not accepted)

Patient Signature _____ Date _____