

**PATIENT REGISTRATION FORM**

Please **PRINT CLEARLY** by completing this form with details as they appear on your Medicare Card

Title: Dr  Mrs  Miss  Ms  Mr

First Name: ..... Middle Name:.....

Last Name: ..... D.o.B: .....

Preferred Name: .....

Postal Address: .....

Suburb: ..... Postcode: .....

Contact No-Home: ..... Mobile: .....

Email Address: .....

Occupation: .....

**Emergency Contact Details:**

Name: .....

Contact No: ..... Relationship: .....

Medicare No: ..... Ref No: ..... Expiry Date: .....

Health Fund Name:..... Health Fund No:..... Ref No: .....

Type of Cover: Public Hospital:  Private Hospital:

Veterans Affairs No: (if applicable): ..... Expiry Date:.....

**Medical Details**

Referring Dr: .....

Suburb: .....

Regular GP: .....

Suburb: .....

List medical allergies, if any: .....

.....

.....

List all prescribed medication: .....

.....

.....

List all over the counter (non-prescription) medication: .....

.....

.....

**How did you first find out about Dr Khan?**

GP  Family  Friend  Internet

*We would love to know if Dr Khan consulted with or delivered your friend or family member. Feel free to list her name and indicate her relation to you e.g.: friend or family (if applicable):*

.....

**Declaration-to be signed by all patients**

I agree to Dr Arifa Khan accessing all relevant information regarding my medical conditions. I agree that Dr Khan may be required to forward information about my medical condition or history to other healthcare providers.

I understand that in order to provide the highest medical care, my clinical records may be accessed by relevant staff of this practice.

Signature: ..... Date: .....

- ❖ *Please note this is a private practice and fees are payable at the time of your consultation.*
- ❖ *The fees charged by this practice are generally those recommended by the Australian Medical Association.*
- ❖ *These fees are claimable through Medicare; however as they are above the Medicare rebate, an out of pocket expense will be incurred.*
- ❖ *Should payment of these fees present a problem, please discuss this with Dr Khan.*

Thank you