ADELAIDE
ENT SPECIALISTS
ear . nose . throat

NEW PATIENT REGISTRATION FORM

Adelaide ENT Specialists
Suite 8, Level 2
Memorial Medical Centre
1 Kermode Street
North Adelaide SA 5006

T: (08) 8239 0422
F: (08) 8239 0477
E: mail@adelaideentspecialists.com.au
W: www.adelaideentspecialists.com.au

TITLE: Mr / Mrs / Dr / Ms / Mst / Miss **SURNAME:** .....

DATE OF BIRTH: ..... / ..... / ..... **GIVEN NAMES:** .....

ADDRESS: .....

..... STATE: ..... POSTCODE: .....

CONTACT TELEPHONE NUMBERS:

HOME: ..... **WORK:** ..... **MOBILE:** .....

EMAIL: .....

MEDICARE No.: ..... REF No. (next to name): ..... EXPIRY DATE: ..... / .....

If the patient is under 18 years of age, the following information is required by Medicare Australia:

MOTHER'S NAME: ..... DATE OF BIRTH: ..... / ..... / ..... MEDICARE No.: ..... REF No.: .....
(if different from above)

FATHER'S NAME: ..... DATE OF BIRTH: ..... / ..... / ..... MEDICARE No.: ..... REF No.: .....
(if different from above)

PRIVATE HEALTH FUND: ..... HOSPITAL COVER: Yes / No EXTRAS: Yes / No

HEALTH FUND MEMBERSHIP No.: ..... DATE OF JOINING FUND: .....

AGED PENSION CARD No.: ..... **DVA CARD No.:** .....

HEALTH CARE CARD No.: ..... DVA CARD TYPE: White / Gold (please circle)

NEXT OF KIN: ..... RELATIONSHIP: .....

CONTACT TELEPHONE No.: ..... EMAIL: .....

REFERRING DOCTOR: .....

ADDRESS OF REFERRING DOCTOR: .....

..... STATE: ..... POSTCODE: .....

USUAL GP: (if different from referring doctor) .....

ADDRESS OF USUAL GP: .....

..... STATE: ..... POSTCODE: .....

PLEASE TELL US HOW YOU CAME TO BE REFERRED TO US:

- ☐ GP recommendation
- ☐ Specialist recommendation
- ☐ Internet search
- ☐ Family member is a patient
- ☐ Recommendation by a family member / friend
- ☐ Other - please specify:
- ☐ White Pages search
- ☐ Yellow Pages search

The fee structure of this practice follows the recommendations of the AMA, and there is a gap payment over and above the Medicare Schedule Fee. Additional procedures such as audiometry, fibreoptic examination of the nose or throat, and cleaning of ears incur an additional fee to the consultation fee, some of which is rebated through Medicare. Full payment of the account is requested on the day of consultation. We thank you for your understanding.

I agree to pay all financial charges arising from medical consultations and associated services provided by Dr Mark Schembri or Dr Harshita Pant.

NAME: ..... SIGNED: ..... DATE: ..... / ..... / .....