eyemedics
ophthalmologists

PATIENT INFORMATION (CHILD)

The following information will be used for creating a medical record for your child and will enable us to identify them correctly. It should be completed by you as the parent/carer, or if this is not possible by another person with your consent.

☐Miss ☐Master Family name:

Given names: Date of birth: / /

Medicare number: Position on card: Expiry: /

Are you a permanent resident of Australia? ☐Yes ☐No

Complete for card holder (if child under 18 years of age)

Name:

Address:

P/code:

Date of birth: / / Email:

Mobile: SMS reminderservice? ☐Yes ☐No

(Please turn mobile phone off during your visit)

How did you hear about us?

☐Medical practitioner ☐Friend/family ☐Google ☐Website ☐Advertising ☐Other:

Medicare number: Position on card: Expiry: /

Do you have private **hospital** cover? ☐Yes ☐No

Name of private fund: Membership number:

How long have you been with your fund? Months: Years:

Does the patient have a Disability Concession? ☐Yes ☐No

Does the account holder have a sole parent concession? ☐Yes ☐No

If yes, please present to reception staff for verification.

Name of GP:

Address of GP:

Please complete reverse side……

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Privacy information [child]

In regard to Privacy Laws, some of the above information will be provided to Medicare as part of the billing and medical rebate process. It may also be used for providing information to your Private Health Fund where appropriate. The Doctors in this Practice will pass on information about your medical condition to your referring General Practitioner, Optometrist, Specialist or various medical bodies in accordance with your consultation. At all other times, your personal details and medical history are confidential between you and your Doctor in this Practice and will not be released to anyone else, including family members without your written consent (see below). **OUR FULL PRIVACY POLICY IS AVAILABLE ON SITE OR ON OUR WEBISTE (eyemedics.com.au).**

In relation to the privacy information above, you may release appointment or medical information about me to:

Name of person(s):

Do you give staff permission to speak to the person who answers your contact telephone should it be necessary to contact you? ☐ Yes ☐ No

Payments for consultations are payable at the time of your visit. Gap payments may be acceptable for procedures only. Our account terms require that any outstanding amounts are settled **in full within 60 days.** Accounts outstanding after this time may be subject to any further costs that are incurred as a result of Debt Collection and/or Court Fees.

Signed: Date: / /