

PERSONAL INFORMATION

FULL NAME

DOB

PHONE

ADDRESS

EMAIL

DOCTOR

CLINIC

ALLERGIES

EMERGENCY CONTACT DETAILS

CONTACT NAME

RELATIONSHIP

PHONE

PAYMENT DETAILS

PLEASE TICK ONE OF THE BOXES BELOW TO INDICATE YOUR PREFERRED PAYMENT METHOD.
ALL PAYMENTS WILL BE BILLED DIRECTLY AFTER YOUR CONSULTATION.

PERSONAL FUNDS (no health fund cover)

PRIVATE HEALTH (with podiatry cover). Health Fund:

NDIS (Prerequisite form needed prior to appointment in order to bill Third Party)

DVA REFERRAL (Referral needed at time of appointment)

DVA NUMBER

Please select

Gold

White

MEDICARE (TCA/EPC referral): Payment will be taken directly after consultation, with rebate processed to you via HICAPS. Patient is responsible for following up any rebate issues with Medicare.

MEDICARE NUMBER

IRN

EXP

OTHER

CANCELLATION POLICY

Our clinic is generally fully booked, if you are unable to attend an appointment, please call to cancel/rearrange to allow us to book another patient from our waiting list. Cancellations or no shows made with less than 24 hours' notice will be billed the full appointment fee.



PATIENT / PARENT / GUARDIAN SIGNATURE

The information provided above is true and correct.
I have read, understood and agree to the terms and conditions outlined in this form.