



NEW PATIENT REGISTRATION FORM

TITLE: FIRST NAME:.....SURNAME:.....

MIDDLE INITIALS: PREFERRED NAME:DATE OF BIRTH:

HOME ADDRESS:

POSTAL ADDRESS (If different to above):

TELEPHONE NUMBERS:(home)(work).....(mobile)

EMAIL: Pls. circle your preferred telephone contact number

If you have a mobile, may we send appointment reminders by text messaging (SMS)? Yes/No

How did you hear of Dr Tan? Was it word of mouth/doctor recommendation/internet/lawyer/other?

If other, could you please explain.....

Please be upfront if you intend to seek a medicolegal report from Dr Tan. She reserves the right to decline to provide such a report if you do not declare that this is a purpose of your consulting her, esp. in cases where you have not received any prior treatment from her.

NAME AND CONTACT NUMBER OF PARTNER (If applicable):

NAME AND CONTACT NUMBER OF NEXT OF KIN:

YOUR PRIVATE HEALTH FUND & MEMBER NUMBER:.....

MEDICARE NUMBER:Prefix (number in front of your name on the card).....Expiry.....

VET. AFFAIRS NUMBER: Gold/Blue/White card (please circle correct one)

DETAILS OF YOUR USUAL GP

NAME:CLINIC:

ADDRESS:

FOR WORKCOVER/TAC/THIRD PARTY INSURED PATIENTS ONLY

EMPLOYER NAME & ADDRESS (if applicable):

NAME & ADDRESS OF INSURANCE C^o:.....

DATE OF INJURY:CLAIM NUMBER:CLAIM ACCEPTED? YES/NO

BRIEF INJURY DESCRIPTION:

CASE MANAGER NAME & CONTACT NO.

THANK YOU FOR COMPLETING THIS FORM. PLEASE HAND IT IN AT THE RECEPTION DESK AT YOUR FIRST APPOINTMENT WITH DR. TAN.

Your information will be held in strict confidence, in accordance with the Victorian Health Records Act 2001.