Patient Registration and Consent Form

Date of Birth: _____ /_____ /_____

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Prof ☐

Surname: _____

First Name: _____ Middle Name: _____

Known as _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone Number: _____ Mobile Number: _____

Email: _____

Medicare Care Number: _____ Ref: _____ Expiry: ____ /____ /____

Private Health Fund: _____ Membership Number: _____

Pension / HCC Entitlement Number: _____Expiry: _____ /_____ /_____

DVA Entitlement Number: _____ ☐ Gold Card ☐ White – Specific Injury: Expiry: ___ /___ /___

Usual GP Name: _____ Surgery Name: _____

Is this an insurance injury? Yes ☐ No ☐ WorkCover Qld ☐ Self Insured ☐ Other☐: _____

Has this claim been approved: Yes ☐ No☐ Claim Number: _____

Next of Kin: _____ Contact Number: _____

Relationship: _____ Are you happy for this surgery to contact your next of kin on your behalf: Yes ☐ No☐

Informed Financial Consent*: I understand that the consultation and any operation which may be necessary may incur some costs, including out of pocket expenses to myself. I am directly responsible for all the charges incurred for consultation and any operations that may be undertaken. I also understand it is my responsibility to contact my Health Fund to ensure eligibility.*

I am responsible for all non-covered services.

I authorise release of any medical information to insurance companies as may be needed to process my claim.

I authorise the use of the fax or email for send and receiving any relevant medical reports/records if required.

I give permission for Sunshine Coast General Surgeons to request my medical history from any Public or Private Hospitals, General Practitioners or Specialist surgeries to assist in my medical treatment if required.

Do you consent for SCGS to bulk bill Medicare on your behalf for the provision of telehealth calls.
Circle: Yes / No
Do you consent *for SCGS* to the use of AI transcription programs during your consultation, for the purpose of correspondence? Circle: Yes / No

Signed: …….. Date: ……/……/……..