Australian Urology Associates

Ground Floor, 322 Glenferrie Road
Malvern 3144 Victoria Australia
Telephone: + 61 3 8506 3600
Facsimile: + 61 3 8506 3699
Email: reception@aua.com.au

CONFIDENTIAL PATIENT REGISTRATION FORM

Name of Your Urologist____

Mr/Mrs/Ms/Miss/Dr SURNAME____

GIVEN NAMES____

ADDRESS____

SUBURB______________________ STATE__________ P/CODE__________

EMAIL ADDRESS ____

SKYPE ADDRESS____

DOB__________________OCCUPATION______________________________

PHONE (H)______________(W)________________(M)__________________

MEDICARE________________________________REF .NO________EXP________

PRIVATE HEALTH INSURANCE____12mths +
(Please put Uninsured if none)
MEMBERSHIP NUMBER____

PENSION CARD_____________________________ EXP Date: __________________
(Age Pension or Disability Pension ONLY)

VETERANS AFFAIRS NUMBER______________________________GOLD / WHITE (Please circle)

GENERAL PRACTITIONER ____

SUBURB________________________________PHONE__________________

EMERGENCY CONTACT/NEXT OF KIN____

RELATIONSHIP________________________PHONE__________________________

CURRENT MEDICATIONS____

____

DO YOU HAVE ANY ALLERGIES TO ANY MEDICATIONS? PLEASE LIST____________________

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MEDICAL CONDITIONS/ PREVIOUS OPERATIONS____________________________________

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THIS REGISTRATION FORM MUST BE RETURNED TO AUSTRALIAN UROLOGY ASSOCIATES PRIOR TO YOUR APPOINTMENT BY ONE OF THE FOLLOWING METHODS:

POST Australian Urology Associates, 322 Glenferrie Road MALVERN VIC 3144
FAX (03) 8506 3699
EMAIL reception@aua.com.au

Please Note: This practice charges above the Australian Medical Association recommended fees. Please refer to the attached sheet for detailed fees. **Payment is required on the day of consultation**. If you are the beneficiary of one of the pension cards above, you will be charged at a reduced fee. The gap between the Medicare Rebate and your Urologist's fee is the responsibility of the patient.