

PERSONAL DETAILS

NEW PATIENT FORM (PAGE 1)

Please complete **BOTH SIDES** and send back PRIOR to appointment

Title: MR

Date of Birth: 23/12/1988

Surname: BOTTERILL

Given Name(s): BRYAN KIM TRAN

Preferred Name: BRYAN

Pronouns:

If the patient is younger than 15 years of age, please provide the details of the parent / guardian below:

Title:

Date of Birth:

Surname:

Given Name(s):

Medicare Ref No:

Street Address (or PO Box): 6/7 WASTELL STREET

Suburb: NORTHCOTE

Postcode: 3070

Email: bryanbotterill@gmail.com

Telephone numbers

Home:

Work:

Mobile: 0423379146

Next of Kin Details (family member / friend / medical power of attorney)

Name: ASHLEY ST.PIERRE

Relationship: PARTNER

Contact number: 0476530730

CLAIM DETAILS

Medicare Card Number: 3 5 6 8 5 9 6 9 7 1

Expiry: 07/2026

Reference Number: 1.0 (number to the LEFT of your name)

Private Health Insurance: Yes No

Fund Name: HBF

Membership number: 46458633

Extras Only

Pension (aged / disability) or DVA Cards Yes No

Pension number:

Expiry:

Dept. Veterans Affairs:

White Gold

Expiry:

WorkCover Details (if applicable)

Claim number:

Date of Injury:

Insurer:

Employer:

Case Manager:

Phone:

Fax:

TAC Details (if applicable)

Claim number:

Date of Accident:

REFERRER & GP DETAILS**NEW PATIENT FORM (PAGE 2)****Referring Practitioner Details**Name: MR DANIEL TIEU
Suburb: NORTHCOTE

Clinic: SPECSAVERS

Family Doctor Details (GP)Name: DR KENNETH LEONG
Suburb: NORTHCOTE

Clinic: LIFE STORIES MEDICAL

MEDICAL HISTORYPlease list current medications: 25MG PROMETHAZINE, 25MG AGOMELATINE,
10MG AMITRIPTYLINE, 30MG DULOXETINEAre you a diabetic? Yes NoAre you a smoker? Yes NoDo you take any blood thinning agents (e.g. Warfarin, Plavix, Aspirin, Asasantin)? Yes NoDo you have any allergies? Yes No

If yes, please provide details: POLLEN, DUSTMITE

CONSULTATION FEES**ALL ACCOUNTS MUST BE SETTLED ON THE DAY OF YOUR CONSULTATION**

We accept cash, cheques and most credit cards. We do not accept Diners Club.

Initial consultation fee for **private patients:** **\$250.00** (with a Medicare rebate of \$84.15)
pensioners: **\$160.00** (with a Medicare rebate of \$84.15)**PLEASE NOTE: there may be extra fees for any investigations, scans and/or procedures where required. This includes A-Scans which are necessary for cataract patients to the value of \$120-\$230. Longer consultations or complicated cases may incur additional fees which is at the doctor's discretion.**

I hereby agree to pay all associated fees relating to my consultations and/or surgery, performed either by A/Prof Alan McNab, Dr Colby Hart, Dr Thomas Hardy, Dr Khami Satchi or Dr Dermot Cassidy. I acknowledge that if an account is overdue, Eye Surgery Consultants reserve the right to refer the account to a collection agency. I agree to meet all reasonable costs and commissions incurred in employing the collection agency to collect the overdue account. I have read and understood this fee arrangement.

PATIENT / GUARDIAN SIGNATURE:**DATE:** 01/09/2024

Your personal information will only be used or disclosed for purpose directly related to providing you with quality health care, or in ways you would reasonably expect us to use it in order to provide you with this service. Eye Surgery Consultants' privacy policy is available on our website www.eyesurgeryconsultants.com.au or hard copies are available at the practice.

If you do not wish for your information to be used for training of health professionals, please tick here