

New Patient Registration

Please fill in the form below

Name *

First Name Middle Name Last Name

E-mail *

example@example.com

Sex *

Date of Birth *



Month Day Year

Phone Number *

Enter your mobile or home phone

Emergency Contact Details

Contact Person *

First Name Last Name

Contact Phone Number *

Enter emergency contact's mobile or home phone

General Practitioner Details

Name *

First Name

Last Name

GP Practice Name *

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Do you have a GP referral? If yes, please email to contact@specialistbooking.com. *

Yes

No

Insurance and Medicare Details

Medicare Card Number

Please enter your medicare card number

Do you have private health insurance? *

Yes

No

Private health insurer

Enter your private health insurance fund if applicable

Private health insurance membership number

Enter your private health insurance membership number if applicable

Are you claiming Workcover? *

Yes

No

Are you claiming TAC or other road accident compensation? *

Yes

No

Are you DVA? *

Yes

No

Reason for Consultation

What is your presenting medical problem? *

Please enter details about the medical condition you are seeking specialist advice on

Radiology

Have you had any medical imaging (MRI, CT, X-ray)? *

Yes

No

Where did you have your medical imaging performed?

Please enter the name(s) of the Radiology Practice(s) where you had your scans and email your medical imaging reports when you return this form

Please email your completed new patient registration form, General Practitioner referral and any radiology reports to contact@specialistbooking.com