

PATIENT INFORMATION

PATIENT SURNAME:

PATIENT FIRST NAMES:

PATIENT - DOB:

Male

Female

Other

ADDRESS:

POST CODE:

POSTAL ADDRESS:

POST CODE:

HOME TELEPHONE NUMBER:

EMAIL:

@

MEDICARE NUMBER:

REFERENCE:

EXPIRY DATE:

PARENT'S / GUARDIAN'S FULL NAME:

MOBILE:

MEDICARE REFERENCE NUMBER:

DOB:

OTHER PARENT'S / GUARDIAN'S FULL NAME:

MOBILE:

MEDICARE REFERENCE NUMBER:

DOB:

PRIVATE HOSPITAL COVER? YES NO FUND NAME:

MEMBERSHIP NO:

HEALTH CARE CARD OR PENSION? YES CARD NUMBER:

EXPIRY DATE:

OTHER CHILDREN SEEN PREVIOUSLY BY DR COOKSEY:

REFERRING DOCTOR:

ADDRESS:

LOCAL GP (if different to above):

ADDRESS:



PAEDIATRIC UROLOGIST
PAEDIATRIC GENERAL SURGEON

All consultations incur fees, all fees are to be **PAID IN FULL ON THE DAY**, HCC/Pension Card holders will receive appropriate concessions.

This practice will collect personal information in order to provide an accurate medical diagnosis and appropriate treatment. This information is confidential and collected with your consent.

Patients who see Dr Cooksey in her private rooms but have surgery performed at **The Women's & Children's Hospital as a public patient** should be aware that their procedure **will be performed by training Registrars**, under Dr Cooksey's or an associated Specialist's supervision. Follow up after the surgery will be through the public sector unless otherwise arranged prior to surgery.

CONSENTS

- I provide my consent for Dr Cooksey to obtain any health information necessary for the accurate diagnosis and treatment of my child's condition.
- If surgery is advised as a result of our consultation with Dr Cooksey, I accept responsibility to find out all aspects of that surgery including risks, alternatives, possible complications and out of pocket expenses incurred before agreeing to any procedure.
- When booking surgery, the practice will charge a \$150.00 administrative surgery booking fee at the time of scheduling the surgery.
- In the event that my account becomes overdue, and the practice has to engage the services of a collection agency, I authorise the practice to provide the agency with personal information. I undertake to pay any collection fees incurred.
- Dr Cooksey may take pre-operative and post-operative photographs. These photographs remain property of the practice and may be used for patient information, teaching, medical presentation and/or publications. I provide my consent for these photographs with (please tick one);
 - No conditions
 - The following conditions (i.e. not for other patient information / not for journal publication)

Consent declined for taking of photographs

Parent/Guardian Signature:

Date:



+61 499 919 968 | info@drbec.com.au
209 Melbourne St, North Adelaide 5006

Dr Bec Pty Ltd
ABN 92 633 681 820

www.drbec.com.au