



**YOUR DETAILS**

TITLE \_\_\_\_\_ SURNAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_ POSTCODE \_\_\_\_\_

TELEPHONE (W) \_\_\_\_\_ (H) \_\_\_\_\_ (M) \_\_\_\_\_

D.O.B \_\_\_\_\_ OCCUPATION \_\_\_\_\_

EMAIL \_\_\_\_\_

**PAYMENT METHOD**

(Circle)

Private Health Insurance Y/N - if yes, which fund: \_\_\_\_\_

Aged Pension Concession Card Holder: Y/N - if yes, please present it to the front desk staff

3<sup>rd</sup> Party Claim (if yes, Insurer & Solicitor) \_\_\_\_\_

Veterans Affairs      Workcover      EPC/Medicare

**EMERGENCY CONTACT DETAILS**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

TELEPHONE (W) \_\_\_\_\_ (H) \_\_\_\_\_ MOBILE \_\_\_\_\_

**HOW DID YOU FIRST FIND OUT ABOUT THIS PRACTICE?**

(Circle)

Entire Health website      Dolphins Football      Peninsula Power      Redcliffe Tri Club      Discount voucher

Entire Health Facebook      Google Search      1300ENTIRE      Walk In      My Foot Dr

Yellow Pages Bne/Local      NL Messenger      I've been to Entire Health before

Gym \_\_\_\_\_ Friend/Family (who?) \_\_\_\_\_ Doctor \_\_\_\_\_

If you do NOT wish to receive newsletters/special offers via email please tick this box

**CANCELLATION POLICY**

I, \_\_\_\_\_, understand that payment is required at time of consultation. I remain responsible for all accounts if Medicare or other parties do not approve payment. I also understand that I may incur a cancellation fee, of up to the full consultation cost, if I fail to give 24 hours notice when cancelling my booked appointment, unless unavoidable circumstances apply. This applies to all patients including WorkCover, Third Party and Veterans' Affairs. This policy is necessary because others who need the treatment time may be prevented from receiving it if we do not receive the courtesy of timely notification of your inability to attend an appointment. SMS reminders should not be used to cancel appointments without the proper notice.

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_