Mr Charles Han MBBS FRACS
Urological Surgeon

ALL APPOINTMENTS:9857 9638, Fax: 8648 0684

Patient Registration

It is important that you complete all sections of this registration form. Please inform the receptionist if you are unable to do so.

(Mr/Mstr/Dr/Mrs/Ms/Miss) FIRST NAME: …… SURNAME: ……

MIDDLE NAME: …… PREVIOUS NAME: ……DATE OF BIRTH: ...../...../.....

ADDRESS: …… SUBURB: ..... POST CODE: .....

PHONE: (H)…… (W)…..…..... (Mob) ……..... EMAIL: ..….....

MEDICARE NUMBER: _ _ _ _ _ _ _ _ _ _ EXPIRY DATE: ..... REFERENCE NO: .....

PRIVATE HEALTH FUND: ..... MEMBERSHIP NO: ……..……

Hospital Cover longer than 12 months? YES / NO or UNINSURED (please circle) OCCUPATION: .....

MARITAL STATUS: ..... YOUR USUAL GP: ……..

REFERRAL SOURCE: Dr/Family/Friend/Internet/Website ……..…..(please specify) / Other ……

EMERGENCY CONTACT FIRST NAME: ……..…… SURNAME: ……..……

PHONE: (H)…… (W)…….... (Mob)……..... RELATIONSHIP: ……..

Do you currently have, or have you suffered from the following:

- ❑ Heart problems
- ❑ Lung problems
- ❑ Stroke
- ❑ Thrombosis, clotting or DVT
- ❑ Diabetes
- ❑ Epilepsy
- ❑ Thyroid problems
- ❑ Hepatitis or H.I.V.
- ❑ Anaemia
- ❑ Other……..

TEA/COFFEE INTAKE (daily) …… TOBACCO (daily) …… ALCOHOL (daily) ……

Do you take any blood thinning or anti-coagulant medications (i.e. Aspirin, Warfarin) ❑ YES ❑ NO ❑ Unsure

PRIVACY STATEMENT:

Mr Han collects your informationfor the primary purpose of providing quality healthcare. He asks you to provide him with your personal details and a full medical history so that he may properly assess, diagnose, treat and be proactive in your healthcare needs. He may use the information you provide for administrative purposes in running his medical practice, including billing and compliance with Medicare and Health Insurance Commission requirements. Information may be sent to other practitioners involved in your care. Confidentiality will always be maintained if any information related to your care is used in research, quality assurance or educational purposes.

PAYMENT PROCEDURES:

Please advise reception if you are unable to pay your account at the time of consultation. Patients who do not pay their account after consultation are advised that the payment is due within 14 days. Accounts not paid within 14 days will incur a late fee.Mr Han uses a Debt Recovery service for overdue accounts. Any charges incurred for this service will be passed on to the patient.

I consent to the handling of my information by this practice for the purpose set out above.
I understand my obligation with regard to payment of my account.

Signed …… Date ……