

## CONFIDENTIAL PATIENT REGISTRATION

Dr / Mr / Mrs / Ms / Miss / Master (Please circle)

Surname: .....

Given names: ..... Preferred Name: .....

Address: .....

.....

Postcode: ..... Date of Birth: .....

**Are you allergic to any medicines, tapes or latex** YES NO

If **YES** please give details: .....

### Telephone Numbers

Home: ..... Work: .....

Mobile: ..... Email: .....

### Next of Kin

Name: .....

Relationship: ..... Contact Phone No: .....

### Aged Pension Card Holders

Pension No: ..... Exp Date: .....

### Insurance Details

Medicare Number: ..... Ref No: ..... Expiry Date: .....

**\*\*The Ref No. is located beside your name on the left hand side of your Medicare card\*\***

Do you have Private Health Insurance for **Hospital Cover**? (Please circle) YES NO

Health Fund Name: .....

Membership No: .....

### Doctor Information

Please provide full details of your GP:

GP Name: .....

GP Address: .....

### Third Party Claim

Please select a bill payer if you are not responsible for your account::

Veterans' Affairs VX no: ..... Card Colour: .....

TAC Claim no: .....

WorkCover Please see Mr Bloom's secretary to register your claim.

**PLEASE SEE OVERLEAF**

# richardbloom

## **AUTHORISATION AND CONSENT TO PHOTOGRAPHY**

I, \_\_\_\_\_ hereby consent that photographs be taken of me by Dr. Richard Bloom or his designated associates.

Dr. Bloom's practice at all times respects patients rights to privacy and informed consent for procedures within the practice including photographic records. I understand that these photographs form an essential part of my medical record as well as my preoperative and postoperative assessment.

I understand and consent to my photographs being used by Dr. Bloom, for medical research, teaching and or patient education purposes.

I understand that I will not be identified by name in any such use of these photographs, however in some circumstances the photographs may portray features that shall make my identity recognisable.

I have read all of the above and all my questions have been answered.

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

### **How did you hear about Mr. Richard Bloom:**

- Website ([www.plasticsurgerymelbourne.com](http://www.plasticsurgerymelbourne.com))
- Australian Society of Plastic Surgeons (ASPS) Website
- Yellow Pages
- Friend/Family
- Referring Doctor
- Other (please state) \_\_\_\_\_

### **Please indicate if you are interested in learning about any of the other services offered in this practice:**

- Skin care
- Anti Wrinkle
- Body Contouring
- Breast Surgery
- Skin Cancer Checks
  
- Please tick if you are **NOT** interested in receiving correspondence from our practice regarding special offers, promotions and newsletters.