

Title Name	Surname	First
Date of Birth		
Address		
Phone (m) (w)		(h)
Email		
Country of Birth/Nationality		Occupation
Are you of Aboriginal or Torres Strait Island origin?		Yes
No		
Medicare Card Number Your number on card:		
Australian Pension Number Expiry		
Health Care Card Number Expiry		
Veteran Affairs Number (gold/white)		Card Type
Name of emergency contact		
Relationship		
Phone (m) (w)		(h)

How did you hear about us? Family/Friend Website/
Google

Allied Health

Specialist Other

Declaration

I authorise Walker Street Doctors to use my personal details to communicate with other health professionals ie pathology, radiology, specialists

Yes No

I authorise Walker Street Doctors to contact me via sms with appointment reminders

Yes No

I authorise Walker Street Doctors to contact me via email with results, correspondence, reminders

Yes No

PAYMENT IS DUE AT TIME OF CONSULTATION , THANK YOU

Signature

Date