

MORETON BAY OBSTETRICS & GYNAECOLOGY PTY LTD

Suite 11, Mater Specialist Suites, Weippin Street Cleveland Qld 4163

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Phone: 3163 7362 Fax: 3163 7364

ABN: 3229 4909 099

Patient Personal Details & Consent & Release of Medical Information

Mrs/Ms/Miss/Dr Surname:

Given Name Date of Birth/...../.....

Phone: Home (.....)..... Work Phone: (.....).....

Mobile Email Address

Street Address

..... Post Code

Your Occupation

Medicare Number: Ref No: Expiry:/.....

Pension No: Expiry/.....

Vet Affairs No Expiry/.....

Name of Health Fund: Membership No: Ref No:

Do you have current, private health insurance cover? Yes / No

Is your cover an Overseas Health Fund? Yes/ No

Have you held your hospital cover with your private health fund for more than 12 months? Yes/ No

Does your Private Health Insurance cover you for Obstetrics? Yes/ No

Does your Private Health Insurance cover you for Mental Health Services? Yes/ No

***** If you are anticipating hospitalisation and/or surgery.

Please check full details of your health cover with your Private Health Insurance Company *****

Next of Kin/Partner (Relationship)

Contact No

Would you like to be contacted via Email/SMS for: Appointment reminders,
Recall reminders, Normal Pap Smears & messages? Yes / No

I give my consent to Moreton Bay Obstetrics and Gynaecology, to contact medical practitioners or other bodies I have consulted to obtain health and other information that may be pertinent to my care.

I authorise those medical practitioners and bodies to release such information, which may include sensitive health information, to Moreton Bay Obstetrics and Gynaecology, as may be requested.

I consent to minor procedures to be carried out in the rooms after recommendation by my specialist and after consultation with myself

Patient Signature..... Date/...../.....