



# Dr GREG BLECHER

Paediatrician

## Patient Details

Your details will be held in strict confidence

Today's Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Sex: Male / Female

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Email Address (of one parent): \_\_\_\_\_

Mobile : \_\_\_\_\_ Home Tel No: \_\_\_\_\_

(This mobile no. will be used by our SMS to confirm appts)

Other Parents Mobile No. \_\_\_\_\_ Mother / Fathers No.?

Mothers Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mothers Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (required for electronic Medicare Identification)

Fathers Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Fathers Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (required for electronic Medicare Identification)

Medicare Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Reference No. on Card: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Child: \_\_\_\_\_

Do you hold one of the following Centrelink Cards?

\* Yellow/Green Health Care Card: Yes / No IF Yes: CRN No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

\* Blue Pension Card: Yes / No IF Yes: CRN No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Health Fund: Name of fund: \_\_\_\_\_ Fund No: \_\_\_\_\_

Usual GP: Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Online Medicare Claiming:

Would you like your receipt from today's consultation forwarded electronically to Medicare on your behalf for claiming? Yes / No

*Thank you*