

DR SIMON GRODSKI

Welcome! Please take a moment to complete this confidential form. **(PLEASE PRINT)**

Title:	Mr	___	Mrs	___	Ms	___	Miss	___	Dr	___
Family Name:										
Given Names:										
Preferred Name:							Date of Birth:	/	/	/

Home Address:										
Suburb:							Post Code:			
Home Phone:						Work Phone:				
Mobile Phone:										
E-mail Address:										

Next of Kin / Emergency Contact Details										
Full Name:							Relationship:			
Phone No:										

Referring Doctor's Details:	I was referred by my: GP <input type="checkbox"/> or by my Specialist <input type="checkbox"/>									
Doctor's Name:										
Practice Name:										
Address & Phone:										

GP Details:	As above <input type="checkbox"/> or MUST BE COMPLETED if NOT referred by your GP									
Doctor's Name:										
Practice Name:										
Address & Phone:										

Medicare Card No:	_ _ _ _ _ _ _ _ _ _										
Ref No:	(Next to your name):					Expiry Date:					_ / _
If applicable:	Pension Card No. CRN					Health Care Card No.					
If applicable:	Veteran's Affairs (DVA) Card No. (see card).										

Private Health Insurance Details:	Do you belong to a health fund? Yes <input type="checkbox"/> No <input type="checkbox"/>											
Name of Fund:												
Membership No:						Ref. No:	(Next to your name):					_ _
Level of Cover:	Treatment in Private Hospital										<input type="checkbox"/>	
	Private Treatment in a Public Hospital										<input type="checkbox"/>	
	EXTRAS ONLY – NO Hospital Cover										<input type="checkbox"/>	

Payment Details – IMPORTANT INFORMATION

“All consultations are payable at the time of service”

Unfortunately we do not bulk bill, however, for your convenience, we can accept:

EFTPOS, Visa, MasterCard (NO AMEX)

The fee for initial consultation with Dr Grodski is \$280, subsequent review consultations are \$140.

The first post-operative check-up is included in the private hospital fee.

Please email a copy of this completed form to: reception@simongrodski.com.au
please also bring the original completed form to your appointment to hand to Dr Grodski on the day.

(Jan 2022)