

MR SIMON GRODSKI

Welcome! Please take a moment to complete this confidential form.

Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>
Surname:					
Given Names:					
Date of Birth:					

Home Address:			
Post Code:	E-mail:		
Home Phone No.	Work Phone No.		
Mobile Phone No.			

Next of Kin			
Name:	Relation:		
Contact No.			

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

GP Details:	As above <input type="checkbox"/>
Name:	
Address:	

Medicare No.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Ref No. (Next to Name)	<input type="checkbox"/>
		Expiry:	
If applicable:	Pension Card No.	Health Care Card No.	
Veteran's Affairs File Number (see card).			

Private Health Insurance Details:	Do you belong to a fund?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Fund:			
Membership No.			
Level of Cover:	Treatment in Private Hospital	<input type="checkbox"/>	<input type="checkbox"/>
	Private Treatment in a Public Hospital	<input type="checkbox"/>	<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, Bankcard and Cheque.**

The fee for initial consultation with Mr Grodski is \$220, all subsequent consultations are \$100. The first post-operative check-up is included in the private hospital fee.