

DR VADIM MIRMILSTEIN

MBBS (Hons) FRANZCOG MReproMed
Fertility Specialist, Laparoscopic Surgeon, Obstetrician, Gynaecologist
Phone: 1300733344

PATIENT REGISTRATION FORM

Title Miss/Mrs/Ms DOB:...../...../.....

FIRST NAME _____ PHONE: _____

SURNAME _____ MOBILE: _____

MIDDLE NAME _____ WORK _____

KNOWN AS _____ EMAIL _____

OCCUPATION _____

ADDRESS _____

_____ POSTCODE _____

MEDICARE NO: _____ REF.NO: _____ EXP: _____ / _____

PRIVATE HEALTH INS: Y/N FUND _____ MEMBER No: _____

HCC/PENSION/DVA _____

REFERRING DOCTOR _____

USUAL GP _____

Do you have any allergies? Eg drugs, tapes etc NO/YES _____

NEXT OF KIN _____ PHONE NO: _____

RELATIONSHIP _____

This is a private specialist practice and there is an out-of-pocket cost for consultations. Accounts are payable on the day of consultation. We accept payment by cash, cheque, credit card or eftpos. We use a debt recovery service for overdue accounts, which will incur additional cost.

The practice has policies with regards to privacy and health information. It may be necessary to share personal or medical information with other practioners who are involved in your care. This is in accordance to the Health Records Act (Vic) 2001 and the National Privacy Principles in the Privacy Act (Cwth 1998). Please ask to see our Privacy Policy at reception for further information.

Signed _____ Date: ____ / ____ / ____