

Dr Surya Krishnan

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**OBSTETRICIAN
GYNAECOLOGY ENDOSCOPIC SURGEON
UROGYNAECOLOGY**

PATIENT REGISTRATION FORM

Date: ____ / ____ / _____

Mr/Mrs/Ms/Miss/Other _____
Title (Circle one) First Name Surname

Address: _____ Home Phone: _____

Suburb: _____ Work Phone: _____

State: _____ Postcode: _____ Mobile: _____

Date of birth: ____ / ____ / _____

Medicare No.: _____

Reference: _____ Note: This is the number in front of your name on the card.

Private Health Fund: _____ (only if you hold hospital cover)

Membership No.: _____

Have you been in a health fund for more than 12 months? Yes No
(If not, when did you join?)

DVA Card Number: (If applicable): _____

Referring Doctor: _____ Specialist/GP referral (circle one)

Usual GP's name/ address/phone number (if not the doctor who referred you): _____

Occupation: _____

Drug Allergies: _____

Medications: _____

Next of Kin

Name: _____ Relationship: _____

Phone Number: _____

Please note: To be eligible for the Medicare rebate on this visit your referral letter must be current. GP referrals usually last 12 months. Referrals from specialist doctors last only last 3 months.