



Please complete this form in preparation for your consultation

Personal Details

Title: _____ Surname: _____ First Name: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Date of Birth: _____ / _____ / _____ Occupation: _____

Phone numbers: (H) _____ (W) _____ (M) _____

Do you allow us to send SMS / leave a message regarding your appointments? Yes No

Email address: _____

Are you happy to receive information / newsletters from us? Yes No

Next of kin name: _____ Phone no: _____

Memberships

Medicare Number: _____ Ref No: _____ (# next to your name) Expiry Date: _____ / _____

Do you have Private health insurance? Yes No – I am Self funded / Uninsured

Health Fund: _____ Membership Number: _____

Does your cover include: Hospital Cover Extras Unknown

***If under 18;** Account Holders Name: _____ Date of Birth: _____ Ref on Medicare card _____

Do you hold an age pension card? Yes No Membership Number: _____

Department of Veterans Affairs card? Yes No SX number: _____ Colour: White Gold

Medical Conditions

Do you have any allergies / sensitivities? Yes No Please list: _____

Are you diabetic? Yes No If Yes: Type 1 Type 2

Current Medications: _____

Other

Local / Usual General Practitioner: _____ Clinic: _____

Signed: _____ Date: _____

By signing above you acknowledge you have had the opportunity to view the fees (over page) and have read and understood the privacy policy and rights and responsibility policy.

Please Turn Over for fee structure



Fee Structure

Dr Beverley Fosh

BScHons, MBChB, MD, FRACS

General Surgeon and Surgical Oncologist

Initial consultation	\$200.00
Follow up consultation	\$100.00

A valid referral is required to claim your rebate from Medicare
If no referral is obtained, you will not be eligible for a Medicare rebate.

All fees are payable in full on the day of consultation
We do not accept health care cards