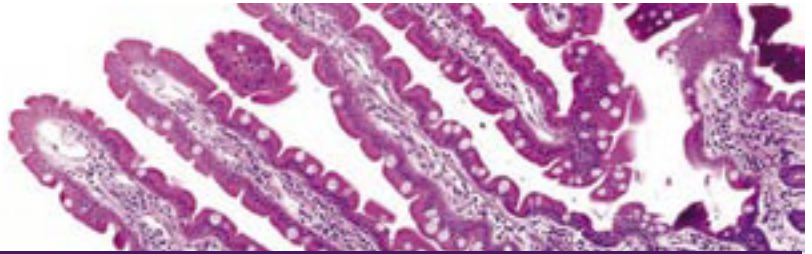


# Dr Paul Froomes

Consultant Physician & Gastroenterologist  
BMedSci MBBS FRACP MD



## CONFIDENTIAL PATIENT REGISTRATION

**Personal Details:**    Mr Mrs Master Miss Ms Dr

**Surname:** \_\_\_\_\_ **Given Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_ **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Phone:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Next of Kin:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of your General Practitioner** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Claim Details:** **Medicare No:** \_\_\_\_\_ **Ref No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Do you have Private Health Insurance?**     Yes     No

**Fund Name:** \_\_\_\_\_ **Membership No:** \_\_\_\_\_

**Concession:** Aged or Disability Pension No: \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

Veterans Affairs Card No: \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

Health Care Card No: \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Fees:** Initial Consultation:    \$300.00    (Medicare rebate \$128.30)  
Review Consultation:    \$275.00    (Medicare rebate \$64.20)

### Health Care Cardholders

Initial Consultation:    \$275.00    (Medicare rebate \$128.30)

Review Consultation:    \$175.00    (Medicare rebate \$64.20)

Aged and Disability Pension cardholders  
ONLY will be bulk billed.

The personal health information that you provide during your consultation and subsequent treatment will be collected for the purpose of providing high quality health care.

The Clinic's policy is to protect your privacy and this information is only disclosed to other members of your treating team where necessary. It will, however, be disclosed to other organisations where required by law or, if necessary, for debt recovery purposes. You may gain access to information about you held by this office by contacting us in writing requesting same.

I have read, understood and agree to the above and I consent to information being released from my medical records as indicated above.

If I fail to pay an account within the specified period of time (60 days), my account will be then forwarded to a debt collection agency for collection purposes and additional costs will be incurred.

**Signature of Patient:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_

[www.drpaulfroomes.com.au](http://www.drpaulfroomes.com.au)

**For All Appointments - Phone 9331 3122**

### Consulting at:

- **Moonee Ponds** Suite 4, Level 1, 8 Eddy Street, Moonee Ponds VIC 3039
- **Victorian Gut Centre** 119 Plenty Road, Bundoora VIC 3083
- **One Point Medical** 3/328 Malvern Road, Prahran VIC 3181