AVIVA SPECIALISTS

Patient registration

Title Mast / Mr / Miss / Ms / Ms / Dr	First name	
Surname	Occupation	
Address		
Suburb	Postcode	
DOB	Home phone	
Mobile	Email	
Emergency contact	Phone	
Medicare no	Ref	Expiry
Private health fund	Pension card	
Dept of Veterans Affairs No	Colour: Gold / White	Expiry
Referring doctor		
Usual GP (if different to referring doctor)		
Medications		
Allergies		
Do you have a pacemaker? Y / N	Do you have a joint replacement? Y / N	
Do you have a heart valve? Y / N If yes →	Do you need antibiotics for procedures? Y / N	
Are you on blood thinners? Y / N If yes pls specify:		
Current concerns		

If under 18yo please complete the parent/guardian account holder's details for Medicare purposes

Parent name		Phone	
Parent DOB		Ref on Medicare card	