

REGISTRATION FORM

ALBERT ROAD CLINIC

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PLEASE COMPLETE BOTH PAGES 1 & 2

PERSONAL DETAILS

SURNAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

How you would like to be addressed: Dr. Mr. Mrs. Ms. Mx.

NICK NAME / PREFERRED NAME: _____

STREET ADDRESS: _____

SUBURB: _____ POSTCODE: _____

DATE OF BIRTH: ___ / ___ / ___ GENDER: Male Female Other

MOBILE: _____ EMAIL: _____

MEDICARE NUMBER: |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____| |_____|

MEDICARE CARD REFERENCE NO. _____ MEDICARE CARD EXPIRY DATE: _____ / _____
(the single digit against your name)

NAME OF NEXT OF KIN: _____ RELATIONSHIP: _____

STREET ADDRESS: _____

SUBURB: _____ POSTCODE: _____

TELEPHONE CONTACT FOR NEXT OF KIN: _____

DO YOU HAVE PRIVATE HEALTH INSURANCE: {Please tick}: YES NO

IF YES, WHICH FUND: _____

MEMBERSHIP NO.: _____ TABLE / LEVEL: _____

REFERRAL DETAILS

Regular General Practitioner (GP) DETAILS:

PRACTITIONER NAME: _____

STREET ADDRESS: _____

SUBURB: _____ POSTCODE: _____

TELEPHONE: _(____)_____ FACSIMILE: _(____)_____

If the referral is from another practitioner other than your GP please fill in the referring practitioners details

PRACTITIONER NAME: _____

STREET ADDRESS: _____

SUBURB: _____ POSTCODE: _____

TELEPHONE: _(____)_____ FACSIMILE: _(____)_____

Pharmacist (If seeking medicines for ADHD this is mandatory)

(If you do have a regular Chemist or Pharmacist please provide the details)

NAME OF PHARMACY _____

STREET ADDRESS _____

SUBURB _____ POSTCODE: _____

TELEPHONE: (____) _____ FACSIMILE: (____) _____

PLEASE READ THE FOLLOWING:

- I hereby grant permission for my next of kin to be contacted and given any relevant information in an emergency or if the situation warrants.
- I understand that a Cancellation fee may be charged to me for appointments missed or cancelled without informing us at least one business day prior to the appointment.
- I understand that my personal information may be used by other health care professionals for my medical care especially if Dr Perera is unavailable.
- SMS reminders are usually sent the day before the appointment.
- I have read the accompanying materials.
- We will contact you by SMS, Email or Post (**unless otherwise instructed**)
- I agree to the above terms and conditions.

SIGNED: _____ DATE: ____/____/____

By checking this box, you agree that the name or mark above constitutes your electronic signature and agreement to the terms outlined herein.