

# New Patient Information

Please complete and Email to [info@snapmedical.com.au](mailto:info@snapmedical.com.au)

Title	
First Name	
Surname	
Date of Birth	
Address	
Mobile No	I authorise appointment reminders to be sent to my mobile number YES/NO
Home No	I consent that messages relating to my appointment can be left on home answering machine YES/NO
Email	
Medicare No	
Private Health Fund	
Pension Card	
Health Care Card	
Emergency Contact	
Relationship	
Emergency Contact No	
Usual GP	
Referring Doctor (If different to usual GP)	

**Privacy Information** All personal information collected is treated as strictly confidential. The information provided will be used to help provide the best possible medical care and is not released to third parties except where your health and wellbeing depends on this: i.e., referral to specialists.

**Patient Authority** I authorize Dr Kien Tow to submit my bulk billed/unpaid or partially paid account to Medicare. I understand that Medicare will assess my claim and issue payment to the practitioner for the Medicare benefit.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_