



# PATIENT DEMOGRAPHICS

Insurer / Solicitor: \_\_\_\_\_

Do you have a Veterans Affairs Card? Yes  No

DVA Number: \_\_\_\_\_ Card Colour: Gold  White

Medical conditions covered by DVA: (with supporting Letter) \_\_\_\_\_

CENTERLINK PENSION? Yes  No  Pension Number Yes  No

MEDICARE NUMBER: \_\_\_\_\_ EXPIRY: \_\_\_\_ / \_\_\_\_

REFERRING DOCTOR: \_\_\_\_\_

Name of your Usual GP: \_\_\_\_\_ Suburb: \_\_\_\_\_

Have you seen an Urologist Before? Yes  No  IF YES – NAME: \_\_\_\_\_

## CURRENT MEDICATIONS:

Aspirin	<input type="checkbox"/>	Arthritis Medication	<input type="checkbox"/>
Pain Killers	<input type="checkbox"/>	Other Anti Coagulants	<input type="checkbox"/>
Non Prescription Medications	<input type="checkbox"/>	Blood Pressure Medication	<input type="checkbox"/>
Alternative/Naturopath	<input type="checkbox"/>	Heart Medication	<input type="checkbox"/>

## LIST OF CURRENT MEDICATIONS (including alternative/naturopathic/herbal):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES: Nil Known  Medication  Latex  Wound Dressings

List of Allergies: \_\_\_\_\_

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## Terms and Conditions:

**This Practice does not charge the Schedule Fee and Payment is expected at the time of Consultation.**

*Any outstanding amounts must be paid in full within 30 days.*

*If any contact by phone and / or letter is required to recover the debt; an administration fee of \$55.00 including GST will be added to your outstanding account on each occasion of contact.*

*In the event your overdue account is referred to a collection agency, you will be liable for the full cost of your account plus administration fees incurred from Dr Mulcahy plus all additional collection costs, which will be incurred including legal demand costs.*

**Please read the above information regarding accounts and sign and date to indicate that you accept the Terms and Conditions as written.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*THIS INFORMATION IS CONFIDENTIAL AND IT WILL FORM PART OF YOUR MEDICAL RECORD.  
PLEASE ADVISE IF YOU HAVE ANY REASON FOR NOT COMPLETING ANY SECTION OF THIS FORM.  
OTHERWISE ALL FIELDS MUST BE FILLED IN.*