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EyeHub
Vision reimagined

Dr. Sonia Moorthy
Adult & Paediatric
Ophthalmic Surgeon
www.eyehub.net.au

Paediatric Patient Registration & Release of Information Consent

Patient Details:

Title: ..... Surname: ..... First Name: .....

Preferred Name: ..... Date of Birth: .....

Address: .....

Home Phone: ..... Mobile Phone: .....

Email: .....

Emergency Contact: ..... Emergency Contact Ph No: .....

Medicare Number: ..... Ref: ..... Expiry: .....

Health Fund Name: .....

Membership Number: ..... Ref: ..... Expiry: .....

Pension Number: .....

Account Holder Full Name: .....

Account Holder Date of Birth: .....

Account Holder Medicare Number: ..... Ref: ..... Expiry: .....

Practitioner Details:

Referring Practitioner: .....

Your G.P (if different to above): .....

Medical History:

Birth History: Length of pregnancy ..... weeks

Are there any current developmental issues? .....

Consent (please tick):

- ☐ I consent to the use of my personal health information by EyeHub and the disclosure of my personal health information to other health professionals to assist with my continuing care.
- ☐ I consent to EyeHub using my personal information to submit claims to Medicare on my behalf.

Signature: ..... Date: .....

Submit

Email