RIVERINA PAEDIATRICS

A/Prof John Preddy
Dr Natalie Snyman
Dr Khalil Soniwala
Dr Laverne Lok

Please complete form in BLOCK Capitals (expect for email address)

Child's Surname: ..... **DOB:** ..... **(Male/Female)**

Child's First Name: ..... **Child's Middle Name:** .....

Address Residential:..... **Postal:** .....

....

....

Phone Numbers: Home..... **Mobile (Mum)** ..... **Mobile (Dad)** .....

Who is your child's usual GP or GP clinic? .....

Please tick if appropriate **Aboriginal** ☐ **Torres Strait Islander** ☐ **Both Aboriginal & Torres Strait Islander** ☐

Child's Medicare Number: __ __ __ __ __ __ __ __ __ __ __ **Card Id** ____ **Expiry Date:** ____ /____

Pension Number: ..... **HCC Number:** .....
Expiry Date: ..... **Expiry Date:** .....

Private Health Insurance: Yes / No

Name of Fund: ..... **Membership Number:** ..... **Card ID** .....

If you wish, we are happy to send you a copy of your child's CONSULTATION LETTER to your email address:

Email: _____

ACCOUNT PAYER DETAILS:

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

Date of Birth: ..... **Occupation:** ..... **Relationship to Child:** .....

Account Payer Medicare Card Number : __ __ __ __ __ __ __ __ __ __ **Card Id** ___ **Expiry Date:** ____ /____

Other Parent/ Carer Details:

Mother/ Father/ Carer **Name:** .....

Occupation: .....

Are the child's parents: Married / defacto / separated / divorced / widowed / single ***(please circle)***

Please read and if agreeable, sign this authority for release of information

I authorise the release of previous pathology/X-ray and/or relevant medical information regarding my child to Dr John Preddy / Dr Natalie Snyman and/or other medical practitioners associated with this practice.

I also authorise Dr John Preddy / Dr Natalie Snyman, and/or other medical personnel associated with this practice to release pathology, X-ray and/or relevant medical information regarding my child to requesting medical personnel and to discuss my child's case with the relevant personnel as required.

Signature: _____ **Relationship to Child:** _____ **Date:** _____