

**Dr David Luiz**

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Obstetrician & Gynaecologist  
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**PATIENT REGISTRATION & DETAILS**

Title: Miss / Mrs / Ms / Dr Date: \_\_\_/\_\_\_/\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ P'code: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: H) \_\_\_\_\_ W) \_\_\_\_\_ M) \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Ph: \_\_\_\_\_

Husband/Partner  
Or Next of Kin \_\_\_\_\_ Ph: \_\_\_\_\_

Nearest relative not living with you: \_\_\_\_\_

Relationship: \_\_\_\_\_ Ph: \_\_\_\_\_  
(Please note this is for contact purposes only; no personal details will be released).

Do you have hospital insurance? YES NO

Health Fund: \_\_\_\_\_ M'ship \_\_\_\_\_

Have you had insurance for more than one year? YES NO

Medicare No: \_\_\_\_\_ Ref No: \_\_\_\_\_ Expiry date: \_\_\_/\_\_\_

General Practitioner: \_\_\_\_\_

Address: \_\_\_\_\_

Other treating doctors: \_\_\_\_\_

**PAYMENT OF ACCOUNT IS EXPECTED AT CONCLUSION OF CONSULTATION**

- Practice policy is for payment on the day of consultation.
- If this account is not paid within 30 days, an accounting fee of \$40 may be added to the account. Should your account present you a genuine financial problem, please discuss this with your doctor's secretary.
- I acknowledge that my personal information may have to be disclosed to, or collected for Government & Health fund statistics or to other treating health professionals so that my health care is not compromised. It will however be disclosed to other organisations where required by law or if necessary for debt recovery purposes.

I HAVE READ AND UNDERSTAND THE ABOVE: \_\_\_\_\_ (SIGNED) \_\_\_\_\_ (DATE)

**\*\*PLEASE READ AND COMPLETE OTHER SIDE**