

Cato Cardiology  
PATIENT REGISTRATION FORM

<b>Title</b>		
Surname	First Name	Date Of Birth
Address		Post Code
Mobile	Home	Skype Address
Occupation		
Email		
<b>Next of Kin</b>		
Name	Relationship	Contact

<b>General Practitioner Details (if not referring doctor)</b>		
Name		
Address		Post Code

<b>Billing Details</b>		
Medicare Number	Expiry Date	Reference
Pension Card/Government Healthcare Card Number <b>(Commonwealth Seniors Card not applicable)</b>	Expiry Date:	
Veteran's Card Number <b>(Gold Card Only)</b>		
Private Health Insurance	Membership Number	

**Do you consent to being contacted by SMS**     Yes         No

**Do you consent to being contacted by Email**     Yes         No

**Privacy Agreement**

Cato Cardiology collects and holds personal health information about you so that we can properly assess, diagnose and treat. It is sometimes necessary to disclose information about you to other health care providers. At times it is also necessary for us to obtain information about you from other medical practitioners (or the like) in the form of previous correspondence and/or test results in relation to your health. We require your consent for this. Please ask us if you wish to discuss this further. By signing this form I also agree to pay all costs associated with my consultation and understand that failure to do so may result in my invoice being sent to a debt collection agency for recovery and extra fees will be incurred and paid for by me.

Name.....Signed.....Date: .....

**PLEASE TURN OVER TO FILL IN CONSENT**



**CATO CARDIOLOGY**

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[www.catocardiology.com.au](http://www.catocardiology.com.au)

# CONSENT TO RELEASE INFORMATION

Patient Name .....

Address .....

Date of Birth .....

Consent to the release of information in relation to my medical history to (please tick relevant practitioner):

- Associate Professor Neil Strathmore
- Dr Leanne Balding
- Dr Susan Corcoran
- Dr Wendy Lau
- Dr Gareth Wynn
- Dr Subodh Joshi

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Signed

.....  
Date