

Dr Andrew Cary

New Patient Information

Dr Andrew J Cary
MBBS (QLD) FRANZCOG
Obstetrician:Gynaecologist:IVF Specialist
Provider No 0176562T

Please Print Clearly

Miss/ Ms/ Mrs		Middle Name:		Surname:	
First name:					
Address:					
Postal Address					
DOB:		Home Ph:		Mobile Ph:	
				Work Ph:	
Email:			Occupation:		
Country of Birth:			Have you registered your bank account details with Medicare so that your rebate is directly deposited. Yes/ No		
Would you like to receive SMS reminders: Y/N			Aus Resident: Y/N		
Medicare No:			Ref No:		Expiry date:
Name of Health Fund:			Member No:		Member for more than 12 months: Y/N
Vet Affairs No:					
Partner or next of kins name:			Partners DOB if relevant:		
Phone No:					

I hereby consent to necessary examinations and to Dr Cary using the collected personal and health information in accordance with the Privacy Act. I authorise Dr Cary to access/disclose my health information from my referring Doctor/Medical Specialists, allied health practitioners and institutions which may require information about my medical history but only to the extent necessary to access/treat the particular condition. I also understand that this appointment may involve pelvic or vaginal examination and Transvaginal ultrasound.

Signed:

Date: