# Dr Rose Mak

Consultant Dermatologist

BSc, MBBS, MRCP, PhD, FRCP, FACD

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**CONSULTING SUITES**

❑ **Melbourne CBD-**
Suite 1, Level 1, 350 Collins Street, Melbourne VIC 3000

❑ **St John of God Berwick Specialist Centre-**
Suite 1.3, Level 1, 55 Kangan Drive, Berwick VIC 3806

| PATIENT REGISTRATION FORM | | Date: ……../……./…….. |
|---|---|---|
| Title: | Given name: | Surname: |
| Date of Birth: | | |
| Street Address: | | |
| Suburb: | State: | Postcode: |
| Home Phone: | Mobile No: | Work Phone: |
| Email Address: | | |

| | | |
|---|---|---|
| Medicare Number: | Card Ref: | Expiry: |
| Private Health Insurance Fund Name: | | Year Joined: |
| Private Health Insurance Membership Number: | | |
| Veteran Affair Card: Gold or White | | Card No: |
| Age Pension Card No: | | Expiry Date: |
| Healthcare Card No: | | Expiry Date: |
| Disability/Carers Pension No: | | Expiry Date: |

| | |
|---|---|
| Your General Practitioners Name: | |
| GP Address: | |
| GP Telephone No: | |

| | |
|---|---|
| Emergency contact Person: | Contact No: |
| | |
| Workcover Details: | Company name: |
| Company Address: | |
| Company Contact Number: | Contact Person: |

**ALL ACCOUNTS MUST BE SETTLED ON THE DAY.**

**We DO NOT BULK BILL**

Our Practice Privacy Policy – This practice will confidentially handle your health information. Only those involved in either your treatment or the administration department of this practice will access this information without your prior consent, except when legally compelled to do so. If you have any queries or concerns about our handling of your health information, please speak with your specialist. You may request a copy of your medical records and a fee will be charged for this.

Please sign to confirm that you read and understand our account and privacy policy.

Signature:……Date:……