DR RUCHI SINGH MBBS, MD, MRCOG, FRANZCOG
UROGYNAECOLOGIST & PELVIC RECONSTRUCTIVE SURGEON

# NEW PATIENT REGISTRATION

TITLE: MRS MS MISS DR PROF

FULL NAME: _____

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

TELEPHONE: HOME: _____

WORK: _____

MOBILE: _____

EMAIL: _____

OCCUPATION: _____

LANGUAGE SPOKEN: _____ INTERPRETER REQUIRED : YES/NO

MEDICARE NUMBER: _____

NUMBER NEXT TO NAME ON MEDICARE CARD: _____ EXPIRY DATE: _____

DEPT. VETERAN AFFAIRS NUMBER: _____ DOES IT COVER MEDICAL EXPENSES?: Y? N?

GOVT CONCESSION CARD NUMBER: _____ EXPIRY DATE: _____

DO YOU HAVE PRIVATE HEALTH INSURANCE HOSPITAL COVER? Y? N?

HEALTH FUND NAME: _____ MEMBER NUMBER: _____

HAVE YOU SERVED THE 1 YEAR WAITING PERIOD WITH YOUR HEALTH FUND?: Y N

NEXT OF KIN: _____

RELATIONSHIP: _____

CONTACT PHONE NUMBER/s: _____ _____

REGULAR GP NAME (IF DIFFERENT FROM REFERRING DOCTOR): _____

CLINIC NAME & ADDRESS: _____

_____

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# HEALTH QUESTIONNAIRE

FULL NAME: _____

AGE: _____

REASON FOR YOUR VISIT: _____

_____

_____

OTHER CURRENT MEDICAL COMPLAINTS/DISORDERS: _____

_____

_____

_____

PAST MEDICAL HISTORY: _____

_____

_____

_____

PREVIOUS MAJOR SURGERIES: _____

_____

_____

CURRENT MEDICATIONS/HERBAL MEDICINES (unless listed on referral): _____

_____

DRUG ALLERGIES/REACTIONS: _____

_____

OBSTETRIC HISTORY (pregnancies/births):_____

DO YOU SMOKE? (If so how many per day): _____

DO YOU CONSUME ALCOHOL? (If so how many standard drinks per day/week): _____

DO YOU CONSUME CAFFEINE (Tea/Coffee)? (If so, what and how many per day): _____

HOW MANY GLASSES OF WATER DO YOU CONSUME PER DAY?: _____

***This practice is committed to ensuring high level privacy for personal health information collected, used and disclosed in the course of effective patient care. During this process, both collection and sharing of information with other treating practitioners may be necessary. Should your health information be required for other purposes, your further consent will be required.***

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# FEE SCHEDULE

- **New Consultation:** $235 (Medicare Rebate: $76.15)
- **Review Consultation:** $110(Medicare Rebate: $38.25)
- **Pensioners/Health Care Card Holders:**
  - **New Consultation:** $205 (Medicare Rebate: $76.15)
  - **Review Consultation:** $105(Medicare Rebate: $38.25)
- **Department of Veterans Affairs:** All billed directly to DVA
- **Vaginal Ring Pessaries**: $70.00 each (No rebate from Medicare/Health Insurance)
- **Vaginal Dilators/Kits:** $70.00 each (No rebate from Medicare or Health Insurance)
- **Urodynamic Studies & Cystoscopy:** Healthfunds billed directly. No out of pocket for patients with Hospital cover unless patient has an agreed excess to pay to Hospital on day of Admission.
- **Uroflow Studies:** $56 (Medicare Rebate: $23.45) plus review consultation fee
- **Insertion of IUD:** $150 (Medicare Rebate: $45.55) plus review consultation fee
- **Biopsies (in rooms):** As advised by Dr Singh
- **Surgery:** In the event that you require admission to hospital for surgery, after consultation with Dr Singh, you will be sent a quote for the private surgical fee that Dr Singh charges (which is dependent on the surgery to be performed). This fee cannot be claimed through Medicare or Health funds. It is usually paid prior to surgery, however a payment plan can be arranged after a deposit is made pre- operatively. This fee covers post-operative appointments. After your surgery, we send your hospital account to your healthfund and we do not charge above what the healthfund or medicare will pay. In addition, you may also receive an account post operatively from the assistant surgeon and anaesthetist. Some surgical devices used during surgery can also generate a fee which is payable to the Hospital. PLEASE NOTE THAT WE DO NOT HAVE ANY NO GAP ARRANGEMENT WITH ANY HEALTHFUND.
- **Cancellation Fees:** All appointment cancellations made within 24 hours notice of Scheduled date will incur a penalty fee of 25% of the consultation Fee.

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# FINANCIAL CONSENT

***The policy of this practice is payment on the day of consultation. If payment presents a difficulty, please speak with the secretary before your consultation. If you do not have private health insurance (hospital cover), please be aware that procedures requiring admission to Hospital will generate significant out of pocket costs if you choose to go ahead with the procedure. Please acknowledge that if an account is overdue, Dr Singh reserves the right to refer the account to a third party and you agree to meet all reasonable costs incurred by Dr Singh, in employing the third party to collect any overdue accounts Please sign to confirm that you have read and understand our policy..***

Full Name:_____ Signature:_____ Date: _____