

Australian Paediatrics

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All the doctors here at Australian Paediatrics are dedicated to providing our patients, their families, and the community with safe and efficient clinical care. To this end we ask that:

- The attached **Patient Acquaintance Form** is completed
- Any other attached **Forms** are completed

These documents, along with the **Referral Letter and ALL reports and results** that you may have regarding your child's medical concerns, are scanned, and emailed to us as a **PDF file**, in advance, to upload onto our system.

Email: secretaryAP@outlook.com

An automatic SMS will be sent to your phone prior to the appointment asking for confirmation of attendance. Should you need to cancel/re-schedule, please call the rooms as soon as possible to allow us time to re-book the appointment.

With thanks,

Australian Paediatrics Team

Patient Acquaintance Form



Family Name: _____

First Name: _____ Other Names: _____

Address: _____

_____ Postcode: _____

Date of Birth: _____ Gender (Circle): Male or Female

Mother's Name: _____ Father's Name: _____

Mother's DOB: _____ Father's DOB: _____

Phone (Home): _____ Phone (Home): _____

Phone (Work): _____ Phone (Work): _____

Phone (Mob): _____ Phone (Mob): _____

Email: _____ Email: _____

Allergies: _____

Private Health Fund Name: _____

Private Health Fund Number: _____

Medicare Number:

Expires: / Position on Medicare card:

Referring Doctor's Name: _____

Referring Doctor's Address: _____

_____ Postcode: _____

GP's Name: _____

GP's Address: _____

_____ Postcode: _____

I authorise the staff of Australian Paediatrics to communicate with my GP, other health professionals/institutions, educational facilities, and clinical therapists in regards to information relevant to my child's clinical care, with the exception of:

Signed: _____ Date: _____