



**LEVEL 5, SUITE 503
ST GEORGE PRIVATE HOSPITAL SPECIALIST SUITES**

NAME	
Date of Birth	
ADDRESS	
Phone	Home Work Mobile
Email	
Medicare	Number Patient reference No. Expiry
Private Health	Name of fund Membership No. Patient reference No.
Veterans Affairs	
GP Name / Clinic	
Referring doctor if not GP	
ALLERGIES/REACTION	
DIABETIC- Yes/No	Diet/Tablet – name, dose/Injection
Next of kin - Name: - Phone Number:	

I authorise Dr Peter Wu/Dr Fei Chen/Dr Gok Paven/Prof Michael Grimm/Dr Jason Behary/Dr Zhang/Dr Maher to provide copies of my letters and investigations to other treating professionals involved in my care.

Exception(s) to this approval are: (please list any doctor you do not wish to receive your information).

Signature:

Date: