DR PETER MACKEN & Associates

Suite 8, 70 Bowral Street, Bowral 2576
Tel: 02 4861 4955 Fax: 02 4861 4911
Email: dr.peter.macken@gmail.com

Dr Peter Macken
M.B.B.S. FRANZCO ,FRACS
027965EK

Dr Ee-Munn Chia
M.B.B.S. (Hons) PhD FRANZCO
228260PH

Dr Con Petsoglou
M.B.B.S MMed (Clin Epi) FRANZCO
221145AW

Dr Stephen Ong
M.B.B.S (Hons) FRANZCO
221443JK

PATIENT REGISTRATION FORM

Mr Mrs Miss Ms Master Dr other (please circle one)

Given Name……Surname…….....

Date of birth…….....

Address……Postcode .....

Home phone …….. Work /Mobile phone…….....

Email address.....

Referring Dr/Optometrist …… Usual G.P. ……..

Medicare No ……..... ..... Ref No (beside name).....Exp date.....

Centrelink Pension..... Exp date.....

DVA **Gold card** No ……..……

Private Health Fund ……..... Membership No.....

Next of kin: .....Contact no: .....

Relevant medical history: Please circle if appropriate.

Diabetes. Hypertension. Cardiac stent. Renal disease. Other.

Please list any allergies:.....

Please list any medications .....

Privacy Policy

By my voluntary attendance at this office I allow the attending Doctor to:

- Record my personal particulars and notes relevant to the reason for my attendance.
- Perform and arrange diagnostic tests relevant to my condition.
- Correspond with my local doctor and other relevant health personnel as required.
- Use clinical data for quality control, audits and research purposes, so long as privacy is retained.

My permission is given for the above

Signed…… Date……