



Mr Dan Gordon
PAEDIATRIC AND ADULT
EAR NOSE & THROAT SURGEON

New Patient Registration

All new patients need to register prior to seeing a specialist. This can take place upon arriving at the consultation or via the online form below. Filling in forms in advance will make your appointment experience smoother.

All information you enter will be treated confidentially according to our Privacy Policy

Contact Information

First name

Last name

Date of Birth

Address

City

Suburb

Postcode

State

Phone number

Email address

Insurance Information

Do you have Private Health Cover?

Private Health Membership Number

Yes

No

Medicare Number

Reference Number

Expiry Date

Pension Number

Veterans Affairs Number

TAC/Workcover Number

Referring Doctor

Parent/Guardian Details (if patient under 18 years old)

Parent's Name (if patient under 18 years old)

Date of Birth

Medicare Number

Reference Number

Expiry Date

I consent to the handling of my information by this practice for the purposes set out above, subject to any limitation on access or disclosure that I notify this practice of. I acknowledge that I am personally liable for fees resulting from consultations

Yes, I give my consent.

Signature