

MR/MRS/MS/MISS FIRST NAME _____ SURNAME _____
 ADDRESS _____ SUBURB _____
 POSTCODE _____ HOME PH _____ MOBILE _____
 DATE OF BIRTH ____/____/____ EMAIL ADDRESS _____
 NEXT OF KIN _____ RELATIONSHIP _____ PH _____

PLEASE ENSURE ALL DETAILS ARE CORRECT TO ENABLE APPROPRIATE BILLING

MEDICARE NO: _____ NO. PRECEEDING NAME _____ EXP DATE ____/____/____
 VETERAN AFFAIRS/PENSION NO. _____ CATERGORY OF DVA CARD _____
 PRIVATE HEALTH INSURANCE NAME _____ MEMBER NUMBER _____
 LOCAL DR/GP NAME: _____ (MAY NOT BE REFERRING DR)
 ADDRESS OF GP/DR _____ PHONE _____

Do you have a history of: (please circle)

High blood pressure	Yes/No	Family history of Heart Disease	Yes/No
High Cholesterol/triglycerides	Yes/No	Diabetes	Yes/No
Smoker	Yes/No/Ex	Height _____ (cm)	Weight _____ (kg)

Are you taking any other prescribed medications (please name)

Do you have any known allergies?

IMPORTANT: PAYMENT REQUIRED AT THE TIME OF CONSULTATION

	Charges	HCC/Pension	Medicare Rebate
Initial Consultation	\$275	\$220	\$134.30
Review Consultation	\$160	\$115	\$67.20
ECG	\$50	\$40	\$21.25
Extended Consultation	\$360	\$270	\$234.85
Extended Review	\$200	\$160	\$117.60
Tilt Table Test	\$480	-	\$282.35

Signature _____ Date _____

***Please note payment will be settled at the day of consultation unless a prior arrangement has been made.**

Stay up to date and follow us on Facebook ~ Melbourne Cardiology Group - A/Prof Gautam Vaddadi & assoc.