

ADMISSION FORM

Title: Mr Mrs Ms Miss

Surname: _____ Given Names: _____

Address: _____

State: _____ Postcode: _____ Phone (H): _____

Phone (M): _____ Phone (W): _____

Sex: Male Female Marital Status: _____ DOB: _____

Next of Kin: _____

Relationship: _____ Phone: _____

Second Contact: _____

Relationship: _____ Phone: _____

Health Insurance Fund: _____ Member/DVA no: _____

Medicare no: _____ No. Next to Name: _____ Valid to: _____

Pension no: _____ Expiry: _____ Safety Net Card: _____

GP Details: _____ Phone: _____

Country of Birth: _____ If Australia, State: _____

Torres Strait Islander/Aboriginal: Yes No Occupation: _____Have you been a patient at Peninsula Oncology before: Yes When: _____ No

Patient Declaration: I agree to be admitted to Peninsula Oncology Centre in full knowledge of my obligation that all fees charged during my admission will be paid. I consent to my in-patient accounts being forwarded directly to my private health fund. I release the Centre from any claims for whatever loss/theft/damage of my personal property which may occur whilst a patient at the Peninsula Oncology Centre. I confirm that I have been informed with regards to the use and disclosure of my personal health information and hereby give informed consent for the use of this information by the Peninsula Oncology Centre.

Signature: _____ Date: _____

PLEASE EITHER: FAX TO: (03) 9771 8991 EMAIL: info@poc.com.au

Peninsula Oncology Centre, Frankston Private, 24-28 Frankston-Flinders Road, FRANKSTON 3199