CBD DOCTORS MELBOURNE

请使用英文填写

個人資料/ PERSONAL DETAILS

稱呼/Title:……名/First Name: ……

姓/Surname: ……

出生日期/D.O.B.: ……(日)**/**……(月)**/**……**(年)** 性别/Gender:……

門牌號/Unit/Apt:…… 地址/Street # and name:……

郊區/Suburb:……..郵件編號 Post Code: ……

電話/Tel: M: __ __ __ __ __ __ __ __ __ __ __ H: __ __ __ __ __ __ __ __

電子郵件/Email: ……

工作/Occupation:……

出生國家/Country of Birth:……

種族背景/Ethnicity/Background:……

請問您是土著人身份嗎 不是/No 是/Yes (please circle)

土著人/Aboriginal 島人/Torres Strait Islander 都符合/Both

醫療保險/MEDICARE DETAILS

Medicare Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Reference Number (in front of name): __ Expiry Date: ……**/**……

養老金/Pension/Centrelink 卡號: __ __ __ __ __ __ __ __ __ __

截止日期/Expiry Date: ……**/**……**/**……

藥物過敏/ALLERGIES

請問您對任何藥物過敏嗎? 有/YES 沒有/NO

If YES, please list:……

緊急聯絡/EMERGENCY CONTACT:……

關係/Relationship:…… 電話/Tel:……

直系親屬/Next of Kin (if different from above):……

關係/Relationship:…… 電話/Tel:……

請問您如何找到我們/How did you hear about us?

家庭背景/FAMILY HISTORY

請問您的直系家人曾經被檢驗出擁有糖尿病/心臟相關或其他方面的癌症疾病嗎？如果有請提供詳情

……

……

過往醫療背景/**PAST MEDICAL HISTORY**

請問您有曾經留院嗎/Have you ever been a patient in a hospital?
若有請提供最近詳情：

……

……

請問您患有糖尿病嗎/Are you diabetic? 有/YES 沒有/NO
If yes, Type 1 OR Type 2

When was your last Pap smear (Women Only)?……

請問您是否有高血壓 有/YES 沒有/NO

請問您有曾經胸口疼痛或窒息的情況嗎? /Have you ever suffered from chest pain or shortness of breath?
有/YES 沒有/NO

社交背景/SOCIAL HISTORY

請問您有抽煙習慣嗎/Do you smoke? 有/YES 沒有/NO
若有，一天幾次: ……

請問您以前抽過煙嗎? 有/YES 沒有/NO

若有，請問何時開始戒菸? : ……

請問您喝酒嗎？Do you drink alcohol? 有/YES 沒有/NO
若有，請問一周幾次: ……

隱私授權/**PRIVACY AGREEMENT AND PATIENT CONSENT**

I understand that CBD Doctors Melbourne complies with the Privacy Act (1988) and as part of their privacy policy they are committed to protecting the privacy of individuals and their personal information. My signature below indicates that I have read the above and consent to CBD Doctors Melbourne collecting, using, storing and disposing of my personal information; the release of relevant personal information to other health professionals to allow quality medical care; inclusion in a recall register to be advised of follow up visits; inclusion in national/state reminder systems/registers, medical updates and health information and the release of relevant personal information to my (prospective) employer, their authorised representative and their insurer in the case of a work related consultation or service. I understand that I may withdraw my consent for CBD Doctors Melbourne to use and disclose my personal information (except when legal obligations must be met). For medico legal reasons it is policy of this practice that Doctors have the right to request a chaperone when examining patients of the opposite sex and unaccompanied children as deemed appropriate.

簽名/SIGNATURE:……

日期/**DATE:**……

CBD DOCTORS MELBOURNE

Consultation fees at CBD Doctors vary depending on the time and complexity of the consultation and are in accordance with the Medicare Benefits Scheme and the Australian Medical Association (AMA).
If you have any questions regarding our fees, please ask our receptionists before your appointment.
CBD Doctors is a private billing service with fees payable at the time of consultation.
This includes Work Cover and TAC consultations as we do not invoice third parties or employers directly.
Please note that for non-Medicare card holders any Pathology or Diagnostic Imaging testing will incur a separate charge.

Some of our common fees are:

CONSULT TYPE	FEE	MEDICARE REBATE
Standard	$87.00	$37.60
Long	$140.00	$72.80
Extended	$180.00	$107.15
CHILD (Standard/long appt. Under 16)	$70/$95	$37.60/$72.80
Child International immunisation catch up	$100.00	n/a
Referral to Psychologist (Mental Health Plan/Review)	$136 - $205	$71.70 - $134.10
Travel Consult (cost of vaccines not included)	$87 - $140	$37.60 - $72.80
Whooping cough vaccine	$50.00	n/a
Hepatitis A & Typhoid vaccine	$160.00	n/a
Yellow fever vaccine	$125.00	n/a
Influenza vaccine	$16.00	n/a

A surcharge will apply for all Debit or Credit Card transactions.

Full payment of your account on the day of your consultation is required; we are then able to process your Medicare rebate on the spot. EFTPOS, Visa, Mastercard and cash are accepted forms of payment.
As a courtesy to our other patients, we ask that you give at least 4 hours' notice for cancellation.
A cancellation fee will be charged for failure to attend or cancellation at short notice.

Surname:…….. Date of birth:……

Signature:…… Date:……..