Central Sydney Eye Surgeons

Dr Brian Harrisberg
Cataract Surgery
Refractive Surgery
Diabetic Eye Disease

Dr Gayatri Banerjee
Medical Retina / Uveitis
Diabetic Eye Disease

Dr Noni Lewis
Corneal Surgery
Cataract Surgery

Dr Jay Yohendran
Glaucorna
Cataract Surgery

Patient Registration

Title Surname First Name

Address

Suburb State Postcode

Telephone (H) (W) (M)

Email

Date of Birth DD / MM / YYYY Occupation

Family Doctor

Address

Suburb State Postcode

Optometrist

Address

Suburb State Postcode

How did you hear about Central Sydney Eye Surgeons?

Optometrist ☐ GP ☐ Other specialist ☐ Relatives/Friends ☐ Internet/Website ☐ Yellow/White Pages ☐ Other ☐

Are you covered by (please tick if yes)

☐ Centrelink Pensioner Card ☐ Centrelink Health Care Card ☐ Dept. of Veterans Affairs ☐ None of the above

Do you have Private Health Insurance? ☐ NO ☐ YES If yes, Name of Fund

Medicare Number Expiry Date MM / YYYY Reference No

Privacy Information and Consent Form
The law gives you certain privacy rights in relation to information that you give to this medical practice. We require your consent to collect personal information about you. The fact that you have come here implies that you consent to the doctor knowing about your health situation either for a particular event or generally. Please carefully read the following information about privacy issues then sign this form where indicated below. The main reason we collect information from you is so we can assess, diagnose and treat your illnesses properly, liaise with your other doctors and be pro-active in your health care. We will also use the information you provide in the following ways, administration of this medical practice, billing, including compliance with Medicare and Health Insurance Commission requirements

I have read this form and understand why collecting information about me is necessary. I am also aware that this practice has a privacy policy on handling patient information.

Signature Date DD / MM / YYYY