

Bernard Carney

MBBS, BMedSci(Hons), FRACS (Plas), OAM

SPECIALIST PLASTIC, COSMETIC
& RECONSTRUCTIVE SURGEON

Please complete
this form in preparation
for your consultation

Personal details

Title: _____ Surname: _____ First name: _____

Postal address: _____

Suburb: _____ State: _____ Post Code: _____

Date of birth: ___/___/___ Occupation: _____

Phone number: (H) _____ (W) _____ (M) _____

Do you allow us to send SMS/ leave a message regarding your appointments? Yes No

Email address: _____

Next of kin: _____ Relationship: _____ Phone No: _____

Memberships

Medicare number: _____ Ref No: _____ (# next to your name) Expiry date: ___/___/___

Do you have private health insurance? Yes No - (I am self funded/Uninsured)

Health fund: _____ Membership number: _____

Does your cover include: Hospital Cover Extras Unknown

***If under 18;** Account holders name: _____

Date of birth: ___/___/___ Ref on Medicare card: _____

Do you hold an Age Pension card? Yes No Membership number: _____

Department of Veterans Affairs card? Yes No DVA number: _____ Colour: White Gold

Medical conditions

Do you have any allergies / sensitivities? Yes No Please list: _____

Other

Local / Usual General Practitioner: _____

Clinic: _____

Signed: _____ **Date:** ___/___/___

By signing above you acknowledge you have had the opportunity to view the fees (over page) and privacy policy and rights and responsibility.

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Consult fees

New Patient: **\$200.00** (Rebate \$78.05)

Follow Up: **\$100.00** (Rebate 39.25)

Cosmetic new: **\$200.00** (no rebate)

Cosmetic follow up: **\$60.00** (no rebate)

Cosmetic second chat: **NIL**

PO (6/52 post operative): **NIL**

Workcover (if applicable)

Date of Accident/Injury: _____

Employer: _____

Insurance Company: _____

Case Manager: _____

Telephone: _____

Claim Number: _____