



# Patient Registration Form

**Dr Jill Tomlinson**  
Plastic and Reconstructive Surgeon

Title: \_\_\_\_\_ Given name(s): \_\_\_\_\_ Preferred name: \_\_\_\_\_

Surname: \_\_\_\_\_ Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Tick here to opt out of SMS appointment notifications

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Email address: \_\_\_\_\_

How did you hear about us?

Person responsible for account:    Self    Workcover    TAC    Veterans Affairs    Defence

Medicare number: \_\_\_\_\_ Private Health Insurance Fund: \_\_\_\_\_

Expiry date: \_\_\_\_\_ Ref no.: \_\_\_\_\_ Membership number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Extras coverage: \_\_\_\_\_

Pensioner: \_\_\_\_\_ Health Care Card: \_\_\_\_\_

Next of Kin - Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Relationship: \_\_\_\_\_

General Practitioner (if different to referring doctor) - Name: \_\_\_\_\_

GP Practice/Address: \_\_\_\_\_

Workcover - if you have a work related injury please provide the following details:

Employer: \_\_\_\_\_ Contact number: \_\_\_\_\_

Address: \_\_\_\_\_

Accident date: \_\_\_\_\_ Insurance Agent: \_\_\_\_\_ Claim number: \_\_\_\_\_

Transport Accident Commission (for TAC claims only)

Date of accident: \_\_\_\_\_ Claim number: \_\_\_\_\_

General Health - Please indicate if you have the following conditions:

Diabetes	High blood pressure	Kidney disease	Lung disease
Heart problems	Current pregnancy	Other (please list)	

Please list your allergies: \_\_\_\_\_

Please list all your current medications: \_\_\_\_\_

Please note: You will be asked to pay your account after your consultation. EFTPOS, Visa and Mastercard credit facilities are available. Accounts are to be settled on the day of service. Accounts settled outside this period may incur additional administrative charges. External radiology services may incur separate fees for which you will be billed by the radiology provider. An estimate of the cost of surgical treatment will be provided to you before surgery. Where applicable, you will be charged separate fees for hand therapy, anaesthetic services, hospitalisation and surgical assistance; we can provide you with a guide to these costs, but full details are available only from the provider(s) of these services. Workcover and TAC patients are responsible for paying the full cost of consultations and must seek reimbursement directly from Workcover or TAC.

549 Bridge Road  
Richmond VIC 3121  
P: 03 9427 9596  
Provider number 4469079X



F: 03 8677 9116  
E: [info@jilltomlinson.com](mailto:info@jilltomlinson.com)  
W: <http://jilltomlinson.com>