

**DR MATTHEW SHERLOCK**

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Mr            Mrs            Miss            Ms            Dr

Surname: ..... Given Names: .....

Address: ..... Postcode: .....

Phone H: ( ) ..... W: ( ) ..... Mobile: .....

EMAIL Address: .....

Date of Birth: ..... Occupation: .....

Account to (if Child): .....

Emergency Contact: ..... Relationship: .....

Phone H: ( ) ..... W: ( ) ..... Mobile: .....

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Medicare No. .... Valid to: ..... Position on Card: .....

Pension No. .... Expires ..... Type: Age    Disability

Department of Veterans' Affairs No. .... Gold    White

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Private Health Insurance: YES    NO    Fund Name: .....

Membership No. ....

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How did you hear about Dr Sherlock? GP: ..... Word of Mouth: .....

Internet: ..... Other (please specify): .....

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General Practitioner: ..... Phone No. ....

Address: ..... Postcode .....

Physiotherapist: ..... Phone No. ....

Address: ..... Postcode .....

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WORKERS COMPENSATION: Type of Injury: ..... Date of Injury: .....

Insurance Company: .....

Claim No. .... Case Manager ..... Phone: .....

Employer: ..... Employer's Phone: .....

Employer's Address: .....

**ALL PATIENTS TO SIGN PLEASE**

- Settlement of your consultation account is required on the day, and payment for surgery within 14 days.
- Any dishonoured cheques will incur administration fee of \$15.
- Any overdue consultation account **and/or** surgery account of 60 days will incur a \$100 administration fee and over 120 days will be given to a collection agency (with your contact and account details) and will attract a 25 % service fee plus gst.

I accept responsibility for my accounts and agree to the above financial conditions.  
Permission is given to release medical history to the family doctor, insurance company or solicitor.

Signed: ..... Date: .....