



**Dr Sarah Birks**  
 MBBS(Hons), MSurg, FRACS  
 General, Breast & Endocrine Surgeon



## New Patient Registration

**Family name:** ..... **Given name:** .....

**Preferred name:** ..... **Date of Birth:** .....

**Occupation:** ..... **Title:** Mr Mrs Miss Ms Dr Other

**Address:** .....

..... **Postcode:** .....

**Mobile no:** ..... **Home no:** .....

**Work no:** ..... **Email:** .....

**Upload correspondence to your My Health Record?** Y / N

**Next of Kin:**

**Name:** ..... **Relationship:** .....

**Phone:** .....

**Do you identify as:** Aboriginal / Torres Strait Islander / No

<b>Medicare number:</b> .....	<b>Ref:</b> .....
	<b>Exp:</b> ...../.....
<b>Private Health Fund:</b>	<b>Fund name:</b> .....
	<b>Member number:</b> .....
<b>Pension or Health Care Card:</b> .....	<b>Exp:</b> ...../.....
<b>Dept. of Veteran Affairs:</b> .....	<b>Exp:</b> ...../.....

Cabrini Brighton Hospital  
 Suite 6, 243 New St, Brighton 3186  
 Ph: 03 9021 8833  
 F:03 9021 8838  
 E:contact@drsarahbirks.com.au

Malvern Specialist Centre  
 Level 2, Area E  
 183 Wattletree Road  
 Malvern 3144  
 T 9508 6000

Waverley Breast Care  
 357 Blackburn Rd,  
 Mt Waverley 3149  
 T:03 9116 4770  
 F:03 9116 4777



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**Medical History**

Smoking             Never       Ex-smoker       Yes      Cigarettes/day .....

Diabetes             No             Yes  
 .....

Family History of cancer       No             Yes  
 .....

**Medical Problems**

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.....

.....

.....

**Past Operations**

	Year
.....	.....
.....	.....
.....	.....
.....	.....

**Current Medications**

.....

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.....

.....

**Allergies:** .....

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## Personal Health Information Consent

### Privacy - Patient Information

To provide a high standard of medical care we need to collect personal information from our patients.

This information is usually collected from the patient but may be collected from family members and other health care providers with the patient's consent.

At times some of this information needs to be shared with other health care providers or we may be legally bound to disclose personal information.

All persons accessing your personal health information are bound by confidentiality. Please do not hesitate to discuss any concerns, questions or complaints about any issues related to the privacy of your personal information with your Doctor.

If you require another member of your family to access your medical results of tests, this cannot be done without a consent form signed by the patient. Please ask our reception staff for this form if you require one.

Thank You

### Consent

I provide my consent for Dr Sarah Birks to collect, use and disclose my personal information as outlined above. I provide consent for referrals and results to be sent to a medical specialist or doctor by facsimile. I provide consent for messages to be left with immediate family members / defacto partner (e.g. appointment confirmation). I understand that I am entitled to access my own health records except where access would be denied as outlined above. I understand that I may withdraw my consent as to use and disclosure of my personal information (except when legal obligations must be met).

Print Name: \_\_\_\_\_

Signed by Patient: \_\_\_\_\_

Date(DD/MM/YYYY): \_\_\_\_\_

Signature of parent and guardian (if applicable): \_\_\_\_\_

Name (printed): \_\_\_\_\_

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**YOUR VISIT WITH DR SARAH BIRKS IS AS A PRIVATE PATIENT-  
 BULK BILLING DOES NOT APPLY – PLEASE ENSURE YOUR REFERRAL IS CURRENT**

## Fees

The fee structure for **Dr Sarah Birks** is listed below. It is based on rebates available under the Medicare Benefits Schedule as well as current market rates. We strive to keep our fees lower than those recommended by the Australian Medical Association for specialist consultations.

The amount you are billed depends on whether you are a new patient or returning for a review.

Fees may be paid via EFTPOS or Cash.

Type of appointment	Duration of appointment	Amount you are billed	Medicare Rebate	Amount you are out of pocket
New patient, standard consultation	40 minutes	\$193	\$81.30	\$111.70
Review Patient, standard consultation	15 minutes	\$115	\$40.85	\$74.15

- Health care card – please inform front desk, reduced rate will be applied.
- Routine postop within 6 weeks – no extra charges.

### Telehealth

Please note, only review (second or subsequent) consultations can be performed over telehealth.

Type of appointment	Duration of appointment	Amount you are billed	Medicare Rebate	Amount you are out of pocket
Review Patient, standard consultation	15 minutes	\$90	\$40.85	\$49.15

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## Fees

### Ultrasound

Dr Birks may perform ultrasound as part of your clinical assessment. This will incur an additional fee:

Ultrasound service	Amount you are billed	Medicare Rebate	Amount you are out of pocket
Ultrasound of breast	\$42	\$31.35	\$10.65
Ultrasound of neck	\$45	\$34.85	\$10.15
Ultrasound guided breast aspiration	\$230	\$160.40	\$69.60
Ultrasound guided thyroid aspiration	\$300	\$212.10	\$87.90

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