



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:

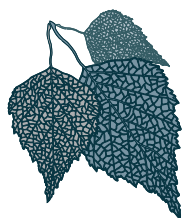
Next of Kin:

Name: Relationship:

Phone: Aboriginal / Torres Strait Islander

Do you identify as: Aboriginal / Torres Strait Islander?

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



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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
.....
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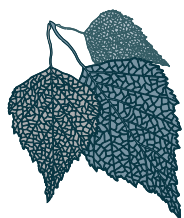
Current Medications

.....
.....
.....
.....
Allergies:

Brighton Specialist Centre
110 Bay St, Brighton 3186
Ph: 03 9021 8833
F: 03 9021 8838

contact@drsarahbirks.com.au

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



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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).

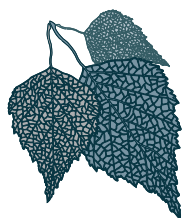
Print Name: _____

Signed by Patient: _____

Date(DD/MM/YYYY): _____

Signature of parent and guardian (if applicable): _____

Name (printed): _____



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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	\$180	\$75.01	\$104.99
Review Patient, standard consultation	15 minutes	\$100	\$37.70	\$62.30

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

Telehealth

Please note, not all consultations can be performed over telehealth.

- Reduced rate for COVID at-risk patients (please contact the rooms for more information)

Type of appointment	Duration of appointment	Amount you are billed	Medicare Rebate	Amount you are out of pocket
New patient, standard consultation	40 minutes	\$150	\$75.01	\$74.99
Review Patient, standard consultation	15 minutes	\$75	\$37.70	\$37.30