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**Guardian or Parent (must be completed if patient is under the age of 18):**

Name: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Guardian / Parent DOB: \_\_\_\_\_ Gender: Male Female

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

Home Phone: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

How did you hear about us: Website/Internet Personal recommendation Facebook

**Section B: Medicare, Concession and DVA**

Medicare Card No: \_\_\_\_\_ Reference No: \_\_\_\_\_ Expiry Date: \_\_/\_\_/\_\_\_\_

Health Care / Pension Card: \_\_\_\_\_ Expiry Date: \_\_/\_\_/\_\_\_\_

DVA: \_\_\_\_\_ Expiry Date: \_\_/\_\_/\_\_\_\_ Gold White

**Section C: Reminders and Results**

**Reminders:** This practice takes a preventive approach to your health. You may receive a reminder letter, email or text message, or be reminded at your next consult about follow-up preventive care.

Consent: Yes No

**Results:** This practice will contact you when required with regards to results. We must obtain your consent for messages, i.e. telephone answering machine message, mobile message bank, and email or text message regarding matters involving your results.

Consent: Yes No

**Section D: Privacy Policy and Payments**

I acknowledge that Dynamic Doctors Group is a Mixed Billing Practice and I agree to pay all charges associated with services or consumables. I am aware that payment is required in full at the end of each consultation, by way of Cash / EFTPOS / Visa or MasterCard. Any accounts not paid on the day will attract an additional administrative fee. Appointments not attended, without reasonable notification, will attract a non-attendance fee.

Dynamic Doctors Group is an AGPAL accredited general practice and as such continuous care is taken to maintain the privacy and confidentiality of your personal information, as prescribed by the Privacy Act and Privacy Principles. is the policy of the Practice to maintain the security of personal health information at all times and to ensure that this information is only available to Health Practitioners consulted within the practice and other Health Practitioners involved in the management of the patient. Information may be disclosed to other organisations where required by law or if necessary, contact details may be disclosed for debt recovery purposes.

Patient Signature/Guardian/Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name (Printed): \_\_\_\_\_ DOB: \_\_\_\_\_

Dr Keith Williams Provider: 2983805F  
Dr Mirna Williams. Provider: 2991703K  
Dr Bryan Rostin Provider: 233746HW  
Dr Philip De Ronchi Provider: 461018PY

Dr Hendrik van Rooyen Provider: 2751395B  
Dr Vivien Dempsey Provider: 2904495L  
Dr Wai Linn Aung Provider: 4805074L  
Dr Deepika Perera Provider: 279485DF