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### Patient Registration Form

(Please complete and scan/email or post to [info@kudospaediatrics.com.au](mailto:info@kudospaediatrics.com.au))

#### Patient Details

Child's Surname: ..... Given Names: .....

Date of Birth: ..... Male/Female: .....

Address: .....

.....

Medicare Card No: ..... Ref: .....

Court Orders: Y/N (If yes, please explain) .....

.....

.....

.....

#### Parent/Guardian Details

Mother/Guardian Full Name: .....

Address: (if different from child) .....

..... Date of Birth: (for online claiming) .....

Home Phone: ..... Mobile: .....

Email: ..... Occupation: .....

Medicare Card No: ..... Ref: .....

Father/Guardian Full Name: .....

Address: (if different from child) .....

..... Date of Birth: (for online claiming) .....

Home Phone: ..... Mobile: .....

Email: ..... Occupation: .....

Medicare Card No: ..... Ref: .....

Address for Correspondence and Account: (if different from child) .....

.....

#### Account Payer Details

Name: .....

If person other than parent/guardian please complete below

Address: (if different from above) .....

..... Date of Birth: (for online claiming) .....

Medicare Card No: ..... Ref: .....

