



**Friendly Society
Private Hospital**

PATIENT INFORMATION

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F Other

BOOKING DETAILS

Admission Date:

Admission Type: Same Day Inpatient

Admitting Doctor:

Regular GP/Clinic:

PATIENT IDENTIFICATION

Title: Mr / Mrs / Miss / Ms

Family Name:

Given Names:

Previous Name/s:

Gender: Male Female Other

Date of Birth:

Residential Address:

Postal Address (if different from above):

Suburb:

Postcode:

Home Phone:

Work/Mobile:

Email:

Country of Birth:

Marital Status: Defacto Divorced Married
 Never Married Separated Widowed

Friendly Society Pharmacy: Yes No
Membership Number:

Religion: _____

Are you of Aboriginal or Torres Strait Islander descent:

No

Aboriginal

Torres Strait Islander

South Sea Islander

Do you wish to receive Pastor's/Priest's/Clergy or church approved visitors?

Yes No

ENTITLEMENTS

Medicare Card Number: _____ Expiry Date: ____/____/____

Reference Number (next to your name): _____

Private Health:

Fund: _____ Membership Number: _____

Do you have an excess? Yes No Amount: \$ _____

Have you been with this fund longer than 12 months: Yes No

Have you confirmed with your health fund that you are covered for this procedure: Yes No

Work Cover:

Claim Number: _____

Has approval been given by Work Cover QLD for private hospitalisation: Yes No

Self Insured: Have you been given a fees estimate? Yes No

DO NOT WRITE IN THIS BINDING MARGIN

PATIENT INFORMATION

MR 4

