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Podcast: The Fanny Mechanic
 Host of **THE FANNY MECHANIC** Podcast

PATIENT REGISTRATION FORM

Please note: To be eligible for the Medicare rebate on this visit your referral letter must be current. GP referrals last for 12 months. Referrals from specialist doctors only last 3 months.

GYNAECOLOGY – Please complete for yourself only. FERTILITY – Please complete for you and your partner(s).

YOURSELF

Mr / Mrs / Ms / Miss / Dr / Mx / Other SURNAME

FIRST NAME PREFERRED NAME

GENDER PRONOUN (please tick):

PLACE OF BIRTH She/Her He/Him They/Theirs

DATE OF BIRTH Different pronoun, please specify:

SEXUAL ORIENTATION (please tick all that apply):

Heterosexual/straight Gay Lesbian Bisexual Pansexual

Queer Asexual Another identity (please specify):

I do not wish to disclose.

ADDRESS STATE POSTCODE

EMAIL

HOME # MOBILE # WORK #

MEDICARE NAME (if different from above):

GENDER LISTED WITH MEDICARE (if different from above):

MEDICARE # EXPIRE REF #

PRIVATE HEALTH FUND MEMBERSHIP #

USUAL GP

OTHER HEALTH PRACTITIONERS YOU'D LIKE US TO CORRESPOND WITH:

.....

Do you have preferred language for your body or genitals that you would like me to use?

Yes – For upper body/chest:.....

Yes – For genitals:

Medical language is fine.

NEXT OF KIN: Name

Relation

Contact Number

HOW DID YOU HEAR ABOUT US?

- GP City Fertility Specialist
 Internet Rainbow Fertility Friend
 Podcast Social media
 Other

YOUR PARTNER(S)

If you have more than one regular partner, please fill out an additional form for each partner.

Mr / Mrs / Ms / Miss / Dr / Mx / Other SURNAME

FIRST NAME PREFERRED NAME

GENDER PRONOUN (please tick):

PLACE OF BIRTH She/Her He/Him They/Theirs

DATE OF BIRTH Different pronoun, please specify:

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