

Ear Suction Clinic Patient Registration Form

12 Picton Street Howick / 14 Picton Street Howick

Legal Name	Title:	Surname:	First Name:
			Middle Name:

NHI: (office use only)	Date of birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse (please state)	Place of birth:	

HOW DID YOU HEAR ABOUT US:

Address Details	Street Number:	Street Name:	
	Suburb:	City:	Postcode:
Postal address (if different to above)			
Home Phone:		Work:	Mobile:
Email:		Emergency Contact Name:	
Do you agree to receive emails:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Relationship:	Tel. contact:

Do you agree to receive text messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
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Payment terms	
Monday – Friday	
New Patient initial consultation	\$70
Standard consultation	\$61
Follow up consultation	\$40
Saturday charges	
New Patient initial consultation	\$75
Standard consultation	\$70
Follow up consultation	\$45
An additional \$1/minute will apply to every 5 minutes beyond a standard consultation.	
Fees will apply when patients are professionally assessed and/ or treated.	
Consultation charges will still apply when suction is not necessary, or suction is not completed and/or requires review.	
Please note: "DID NOT ATTEND" or "LATE" "CANCELLATION FEE" may apply if you do not cancel 24 hours prior to your scheduled appointment	

Consent to treatment
Micro-suction is procedure to remove ear wax or foreign body from ear canals. Our trained staff gently suction the ear using a direct vision microscope
The procedure cleans the ear with greater safety compare to heat syringing. This corrects temporary deafness due to blockages and allows successful treatment of external infections.
Occasional minor bleeding and small mark rise of perforation to the ear drum may occur due to sudden movement. This can be avoided if keep as still as possible during the procedure. Keeping your eyes open and focusing on a particular object in front of you may help.
If you find the procedure too uncomfortable at any time, please inform the nurse and procedure will terminate.

Signatory Details	Signature _____	Date ____/____/____	<input type="checkbox"/> Self-Signing	<input type="checkbox"/> Authority
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