



ESSEX HEIGHTS JUNIORS VISITING DOCTOR SERVICE

CONSENT FORM

Consulting GP: Dr Robert Chan M.B. B.S (Melb)
Provider No.: 0332527W

Child's name: _____ D.O.B. _____
Medicare Number: _____

Reason for consultation with Doctor:

Other symptoms or concerns:

I _____ (Parent guardian) consent to Dr Chan, accessing my child's enrolment records and allow my child to be seen by the doctor for the above reasons. I understand that a staff member from E.H Juniors will be present at this consultation.

Parent/Guardian signature _____

Date: _____