



Dr Farhad Rahimpanah

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FRANZCOG

FELLOW OF THE ROYAL AUSTRALIAN
AND NEW ZEALAND COLLEGE OF
OBSTETRICIANS AND GYNAECOLOGISTS

All Appointments: +612- 8798 2438

9602 4748

*Please make all referral and
correspondence to:*

Suite 103, Level 1, 161 Bigge Street

LIVERPOOL NSW 2170

PH: 87982438 FX: 88340787

New Patient Registration Form

Mrs/Miss/Ms: Surname:..... Given Name:.....

Address:.....

Suburb:..... Post Code:.....

Date of Birth:..... Marital Status:.....

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

E-Mail:..... Occupation:.....

Medicare Number:..... Ref. No:..... Exp. Date:.....

Private Health Insurance Fund:..... Membership No:.....

Age Pension Number:..... HCC Number:.....

Next of Kin..... Relationship.....

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

Referring Doctor:.....

Address:.....

Phone No:..... Fax No:.....

Referral Date..... Family Doctor (if not referring doctor)

Address:.....

Phone No:..... Fax No:.....

CONSENT: I, _____ consent for **DR F RAHIMPANAH** to collect any

necessary medical information about myself. I understand that it may be necessary for this information to be passed on to other healthcare providers. I consent for Dr Rahimpanah to perform ultrasound or other procedures as seen suitable.

Signed:..... Date:.....