



Very Special Kids
Medical Contact Details

GOLDCARE NUMBER (CLIENT ID)	
GIVEN NAME	
FAMILY NAME	
DATE OF BIRTH	SEX

*Instructions: To be checked/countersigned by staff on admission. Sign Authorisation on back page.
Parents are reminded to check the information is current.
Remember to check at subsequent admissions if there is a change in contact details.*

Subscriptions, Concessions & Health Care Card details

Medicare Number		Medicare Expiry Date	
Pension Card		Pension Expiry	
RCH UR No.		Other UR Number/Hospital	
MMC UR No.			

Family Doctor/ GP

Name			
Street Address			
Suburb/City		State	
Phone number		Postcode	

Paediatrician

Name			
Street Address			
Suburb/City		State	
Phone number		Postcode	

Neurologist

Name			
Street Address			
Suburb/City		State	
Phone number		Postcode	

**The information on this form is current and any changes have been endorsed and date.
Reviewed by parent/ guardian and admitting nurse.**

Date	Parent /Guardian Signature	Date	Staff Signature

Form 2 Medical Contact Details