



DR. GORDON SENATOR

CONSULTANT DIABETOLOGIST/ENDOCRINOLOGIST

**Brockway House
Suite 7, 82 Queen Street,
Southport 4215**

**Palm Beach Surgery
20-24 Palm Beach Avenue,
Palm Beach 4221**

Phone; 07 5531 0297 Fax: 07 5531 0337 email: g.senator@bigpond.com

WELCOME

My staff and I welcome you to this Practice and wish to inform you of some of the arrangements in place; please feel free to discuss any of this information for clarification.

It is most important for you to understand your medical disorder and its treatment which I will try to explain thoroughly during the consultation. If you do not understand any detail please ask questions. Hopefully I can provide clear-cut answers but where uncertainty exists, I will advise you accordingly. If you wish you can be accompanied by a family member who should refrain from interrupting the consultation; that of course does not apply to an Interpreter if you are reliant on such service. If you have diabetes you should bring your home BSL records with you to each appointment and should you require hospitalisation for any reason, bring them to the hospital together with all your current medications and prescriptions, as well as comfortable "street" clothes.

You will also be responsible for ensuring that your referral to see me is current as, if it is not, you may only be eligible for a reduced Medicare rebate for the consultation. For your convenience free off-street parking is available underneath the Medical Centre accessed by the driveway fronting Queen Street. I endeavour to see patients punctually (I pride myself on that) and I would be most grateful if you could ensure that you are on time for your appointment. Your GP will receive a report of the consultation generally within 48 hours and your GP should also be approached for driving licence applications and insurance reports. Repeat prescriptions will usually be the responsibility of your referring GP.

My fees are below the recommended AMA schedule and further discounted for pensioners and HCC holders and can be settled immediately without the need to attend a Medicare office; the discount will not apply if you have missed an appointment without cancelling it well in advance. If you have a debit card and your Medicare card with you, we can arrange for immediate reimbursement of the full Medicare fee to your bank account (via HICAPS). Should the co-payment consultations in my rooms cause financial difficulties, my staff or I would be happy to discuss remedies. For visits in hospital I charge a "known gap" which on most occasions will be fully paid for by your private health insurance and you will not receive any account.

I can be contacted at the above telephone numbers at all times, even out of hours and you should report any urgent medical problems related to the condition for which I am seeing you; you will understand that if the time of the telephone contact is inconvenient I may return your call to answer your query or pass a message through my staff. Very occasionally I will be away from my Practice but will endeavour to arrange for a Specialist colleague to continue your care in hospital during my absence.

We have established a program of TeleHealth linkage and can, where convenient (limited to circumstances where you reside more than 15km from the practice) arrange follow-up appointments if you have a computer with a Skype facility and you prefer such arrangement, if we agree that it would be appropriate in your case.

Regards Dr. Gordon B. Senator





DR. GORDON SENATOR

CONSULTANT DIABETOLOGIST/ENDOCRINOLOGIST

Brockway House
Suite 7, 82 Queen Street,
Southport 4215

Palm Beach Surgery
20-24 Palm Beach Avenue,
Palm Beach 4221

Phone; 07 5531 0297 Fax: 07 5531 0337 email: g.senator@bigpond.com

NEW PATIENT INFORMATION

Please complete all sections of this form and return to receptionist.

Mr/Mrs/Miss/Ms/Master.....Date of Birth.....

Surname:.....Given Names

Preferred:

Address.....

Suburb/Town:Postcode:.....

Telephone:.....Business:.....Mobile:.....

Occupation:

Next of Kin:Phone No:

Health Fund:Membership No:.....

Have you been with this fund longer than 12 months?.....

Medicare Number:Number before name:.....Expiry Date:.....

Pension/Health Care Card Number:Expiry Date:

Veteran's Affairs Number:Expiry Date:

Signed.....Date.....

