Dr Tan Developmental Clinic

Paediatrician in Neuro-Development,
Attention - Hyperactivity and Behaviour

Suite 5, 143-147 Somerville Blvd
Winthrop, WA, 6150
Phone: 08 6336 9455
Fax: 08 6336 9477
Email: admin@drtan.com.au
Website: www.drtan.com.au

CONSENT TO RELEASE AND EXCHANGE MEDICAL INFORMATION

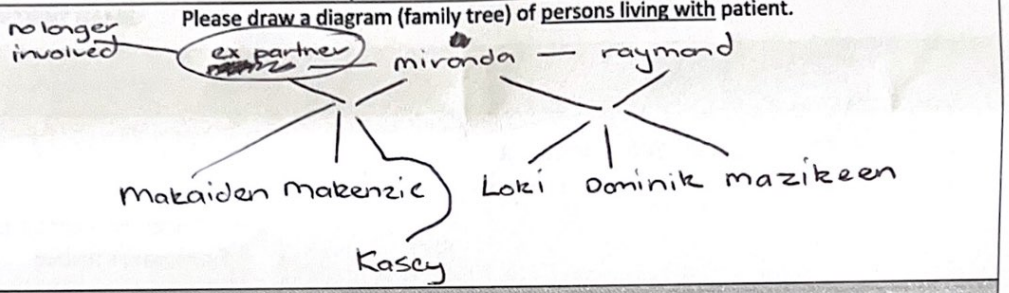
I Miranda Morrison parent / guardian of Loki Morrison
(Parent/Legal Guardian full name) (Child's full name)

give my consent to Dr Tan – Developmental Clinic to request information from and share information about my child with the below stated clinicians/service providers/practitioners:
Please include contact details where possible.

Parent / Guardian Signature: _____ Date: 14/10/21

Family history:	
Who lives with your child? Please list names, ages and relationship to your child	Mother (miranda manison) father (Raymond morrison) sister (makaiden Jones) sister (makenzie Jones) Brother (Kasey Jones) Brother (Dominik manison) sister (Mazikeen manison)

Please draw a diagram (family tree) of persons living with patient.



Education:	
Patient's school name:	Rockingham lakes primary
Patient's school year:	Kindy
List specific school issues / concerns:	Interupting not sitting still not listening or following directions easily distracted

Developmental Milestones:	
When did the patient?	
Crawl:	7-8 months
Walk:	13 months
Say words other than Mum /Dad:	7-8 months
Wave Bye-bye	7-8 months
Toilet train - day:	3yrs
Toilet Train – night:	on going
Do first scribble:	12-15 months

Dr Tan Developmental Clinic

Paediatrician in Neuro-Development, Attention - Hyperactivity and Behaviour

Patient Background History

PATIENT NAME:	
Pregnancy and birth of patient:	
Was the conception	spontaneous / IVF / other
Were there any issues during patient's pregnancy?	no
Patient type of delivery?	Caesarean / vacuum / normal vaginal / other
Was the delivery	Spontaneous / elective / emergency
What was your patient's birth weight?	9pounds 11 oz
Were there any issues at or after the patient's birth?	had meconium in waters slow labour so given picoten had shoulder dystocia and monitored oxygen levels after
Medical History / Additional Information:	
Please note any significant medical history	has patent ductus arteriosus which had surgery to fix in march no issues

Indigenous Status	Please circle: Aboriginal Torres Strait Islander (Neither)
Court Orders	Are there any court orders and / or parenting orders in place? Y / (N) (If yes, please provide details on the following page)
Does the client have any known allergies?	no

I understand Dr Tan Development Clinic is a private clinic. Full payment is required at the time of consultation. No reports, questionnaires and or results will be given unless fees are fully paid.

A cancellation fee of up to 50% of consultation fee may apply if your child's appointment is not cancelled within 24 hours' notice. If clinic is unattended, I can leave a phone message or send an e-mail to admin@drtan.com.au

I understand that in the event of an emergency, I am giving Dr Tan Developmental Clinic permission to contact the person/s stated on this form. If an ambulance is required to be called, I understand that I am responsible for all charges incurred.

Parent / Guardian Signature _____ Date 14/10/21

Please proved details of court and or parenting orders:

_____
_____
_____
_____
_____
_____

Dr Tan Developmental Clinic

Paediatrician in Neuro-Development, Attention - Hyperactivity and Behaviour

Patient: Full Name	Miss / (Master) Loki Raymond Morrison
Preferred Name	Loki
Date of Birth	19/01/2017
Primary Contact Phone Number	0431052448
Primary e-mail address	Miranda.Morrison89@outlook.com
Patient address	40 Toledo circuit port kennedy 6172
Patient Medicare #	Medicare # 6245 82744 5 Ref # 5 Exp Date: 06/2026
Parent / Guardian #1 Primary contact	Next of kin (Y) / N Full name: Mr / Miss / Ms / (Mrs) Miranda Morrison Relationship to child: Mother Contact Number: 0431052448 Email Address: Miranda.morrison89@outlook.com
Parent / Guardian #1 Primary Contact Medicare Number	Medicare # 6245 82744 5 Ref # 1 Expiry date 06/2026 Date of Birth: 13/10/1989 (Medicare rebates are electronically deposited into your nominated Medicare account)
Parent / Guardian #2	Full name: (Mr) / Miss / Ms / Mrs Raymond Morrison Relationship to child: Father Contact Number: 0459 570 046 Email Address: Ray.morrison85@hotmail.com
Patient Siblings	Sibling #1: Marzaidan Age: 14 Sibling #2: Makenzie Age: 11 Sibling #3: Kasey Age: 7 Sibling #4: Dominik Age: 2

#5: Mazikeen 5months

to assist your queries in between clinic appointments. Should the nature of query be of an emergency situation, we request that the nearest hospital with an emergency service be contacted, as the clinic's setup is for non-emergency consultations.

We wish to welcome you and your child / adolescent to the Developmental Clinic and together we will assist with better development and the behaviour.

Fees:

Initial consultation:

Regular	$650.00
*Complex (recommend 2-hour allocation)	$1,300.00

(Please see checklist for assessments considered complex. For the complex category please e-mail or bring to the appointment any reports, assessments or information relevant to your child's / adolescent's development and/or behaviour.)*

Review appointments:

ASD confirmation or complex review	$415.00
Regular (can be short in time but fees are standard	$350.00

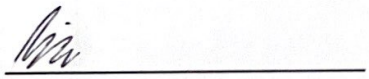
Services outside clinic appointments:

Scripts and forms (each request)	$87.80
NDIS forms	$150.00
Cancellation fee (within 24 hours of appointment)	50% of clinic fee

Please note our fees are according to type of consultation and it does not relate to the time of consultation at all.

ALL FEES ARE TO BE PAID AT THE TIME OF YOUR CHILDS APPOINTMENT
CLINIC CAN DISCONTINUE SEEING YOUR CHILD IF FEES ARE NOT PAID ON TIME

Read and Acknowledged,



Signature

Name: Miranda Morrison Date: 14/10/21