

**Dr David Roberts - Child Registration Form**

Child's Surname: .....

School Attending:.....

Child's Given Name: .....

Referring Doctor:

Date of Birth: .....

Name:.....

Address: .....

Address:.....

..... Postcode: .....

.....

Telephone: Home: .....

.....

Work: .....

Family Doctor (if different to above):

Mobile: .....

Name: .....

Should you **not** wish to receive SMS **appointment reminders** please tick

Address: .....

Mother's Name: .....

DOB: .....

.....

Father's Name: .....

DOB: .....

Medicare Number .....Exp .....

Person & Address Responsible for Account:

Child Reference Number.....

(ie: Mother/father/Department Child Protection)

Parent Reference Number .....

Signature: .....

Date: .....

**If you wish to cancel or reschedule your appointment, please contact our office at least TWO BUSINESS DAYS prior (noting our office hours and the practice being closed on Friday). Our appointments are in high demand and early cancellation will allow other patients the possibility of seeing Dr Roberts. Late cancellation outside of TWO BUSINESS DAYS or non attendance will result in the full value fee of your appointment being charged.**  
**Please refer to [www.kidsdoctor.com.au](http://www.kidsdoctor.com.au) for further information**