

**Dr Sonal Karia MBBS, MD, FRANZCOG, CREI**  
Obstetrics, Gynaecology, Infertility and Reproductive Endocrinology  
Fertility Specialist - Genea  
Staff specialist - McArthur Health Service

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**PATIENT DETAILS**

Mr / Mrs / Ms / Miss

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email address: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Ref: \_\_\_\_\_ Expiry: \_\_\_\_\_

Health Cover: YES/NO - Fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

Occupation: \_\_\_\_\_

**PARTNER DETAILS**

Mr / Mrs / Ms / Miss

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email address: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Ref: \_\_\_\_\_ Expiry: \_\_\_\_\_

Health Cover: YES/NO - Fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Under normal circumstances we will send a letter to your doctor. Do you have any objection to this correspondence? YES / NO**  
Are there any OTHER doctors you would like correspondence sent to?

Name: \_\_\_\_\_ Address: \_\_\_\_\_

How did you hear about Dr Sonal Karia?

Referral from GP or Specialist / Word of mouth / Genea website / Other (please specify) \_\_\_\_\_

I understand and agree to the following:

- Settlement of account is required on the day of consultation
- Payment of surgical/procedure fees may be payable either in advance or within 14 days of surgery as determined by Dr Karia and practice staff
- Any overdue consultation fees or surgery/procedure fees of 30 days will be given to a collection agency with your contact and account details (this will attract a 20% service fee).
- I have read, understood and accept the Privacy Policy document overleaf

**Signed:** \_\_\_\_\_ (patient) **Signed** \_\_\_\_\_ (partner)

**Date:** \_\_\_\_\_

Genea Liverpool: 173-175 Bigge Street Liverpool NSW 2170. Provider No: 2908196B  
Myhealth Medical Centre: Shop 6.1B, 11 Bay Drive, Meadowbank NSW 2114. Provider No: 290819EW  
137 St Johns Road, Glebe NSW 2037. Provider No: 290819GT  
Medical Centre, Southpoint, Southpoint Shopping Centre, 238-262 Bunnerong Road, HILLSDALE NSW 2036. Provider No: 290819KA

Phone: (02)8734 3333; Fax: (02)8734 3399 ALL CORRESPONDENCE TO: PO Box 3408, Liverpool Westfield NSW 2170

**[www.drsonalkaria.com.au](http://www.drsonalkaria.com.au)**