

Dr Danny Shub
Child, Adolescent & Adult Psychiatrist

NEW PATIENT INFORMATION

~ Medico-Legal ~

Surname

Given name Date of Birth

Address

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Home telephone Mobile telephone

Email

Type of claim (*eg. Workers' Compensation, Motor vehicle accident, Criminal injuries*)

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Claim number

Insurer or Law Firm

Claim Manager / Lawyer (*Name and contact number*)



I understand that if the costs of my assessment/treatment are not met by the insurer, I will be responsible for the account.

Signature of patient Date

(*or parent, if under 18 years old*)