



Melbourne Orthopaedic Group

PATIENT REGISTRATION FORM

PLEASE ANSWER ALL SECTIONS - ALL INFORMATION GIVEN IS CONFIDENTIAL

- Jit Balakumar
- Jonathan Bar
- Shane Barwood
- Ashley Carr
- Eugene Ek
- Matthew Evans
- Greg Hoy
- Adrian Talia
- Karim Kantar
- Mark O'Sullivan
- Tim Schneider
- David Shepherd
- Andrew Shimmin
- David Young
- Aaron Buckland
- Timothy Lording
- Andrew Fraval

SURNAME	GIVEN NAMES	PREFERRED NAME	GENDER
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HOME ADDRESS	POSTAL ADDRESS
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TELEPHONE - HOME	TELEPHONE - BUSINESS	MOBILE	EMAIL ADDRESS
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DATE OF BIRTH	AGE	OCCUPATION	ABORIGINAL & TORRES STRAIT ISLANDER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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RESPONSIBILITY FOR ACCOUNT - ACCOUNT MUST BE SETTLED FOLLOWING CONSULT

SELF PARENT DVA TAC WORKERS COMPENSATION

EMERGENCY CONTACT

TELEPHONE

MEDICARE No.:	REF No.	EXPIRY	VETERANS AFFAIRS No.	CARD COLOUR
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HEALTH FUND INSURER

FUND NAME: _____ **MEMBERSHIP No.:** _____ **DATE JOINED:** _____

REFERRING DOCTOR	ADDRESS
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FAMILY DOCTOR - IF NOT REFERRING DOCTOR	ADDRESS
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<p>WORKCOVER ONLY</p> <p>ACCEPTED CLAIM YES / NO</p> <p>EMPLOYER NAME:</p> <p>ADDRESS: Ph. No.:</p> <p>INSURANCE CO.</p> <p>CLAIM No. DATE OF INJURY</p>	<p>TAC ONLY</p> <p>PLACE OF INJURY</p> <p>CLAIM No.:</p> <p>DATE OF INJURY:</p> <p>HAS THE EXCESS BEEN PAID? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>WERE THE POLICE NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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MEDICAL HISTORY - PLEASE ANSWER ALL QUESTIONS
 HAVE YOU EVER HAD ANY OF THE FOLLOWING?

	YES	NO		YES	NO		YES	NO
HIGH BLOOD PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>	BLEEDING TENDENCY	<input type="checkbox"/>	<input type="checkbox"/>	BLOOD CLOTS/THROM	<input type="checkbox"/>	<input type="checkbox"/>
HEART TROUBLE	<input type="checkbox"/>	<input type="checkbox"/>	RHEUMATIC FEVER	<input type="checkbox"/>	<input type="checkbox"/>	EPILEPSY	<input type="checkbox"/>	<input type="checkbox"/>
INSERTION OF PACEMAKER	<input type="checkbox"/>	<input type="checkbox"/>	BLOOD DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>
KIDNEY DISEASE	<input type="checkbox"/>	<input type="checkbox"/>	HEPATITIS	<input type="checkbox"/>	<input type="checkbox"/>			
DIABETES	<input type="checkbox"/>	<input type="checkbox"/>	LUNG DISEASE	<input type="checkbox"/>	<input type="checkbox"/>			

- ARE YOU ALLERGIC TO ANY MEDICINE OR TAPES? NO YES DETAILS:
- HAVE YOU EVER BEEN GIVEN CORTISONE TABLETS/INJECTIONS? NO YES
- HAVE YOU SUFFERED ANY SERIOUS ILLNESS IN THE PAST? DETAILS:
- DETAILS OF OPERATIONS IN THE PAST
- DETAILS OF CURRENT MEDICATION
- ARE YOU PREGNANT? NO YES N/A
- DO YOU SMOKE NO YES HOW MANY PER DAY

PATIENTS PLEASE NOTE

Patients are advised that The Melbourne Orthopaedic Group does not bill Medicare direct for Patient Accounts. All patients will receive an Account for professional services provided.

Accounts are itemised at the AMA recommended fee level. The AMA recommends a fee schedule based on what is fair and reasonable, but patients are reminded that these are beyond the standard rebate provided by Medicare.

Other arrangements can be discussed with your Doctor.

WorkCover and T.A.C. patients must provide correct details of the organisation accepting liability for payment of services including their employer, insurance company and claim number **before** treatment is undertaken.

Therapy services are **not** rebatable by Medicare, but are rebatable by Private Health Funds.

You will be given your account after your consultation at which time settlement would be appreciated. Mastercard and VISA credit facilities are available.

The terms of the contract are settlement of all consultation accounts on the same day and surgical accounts within 30 days.

Please note if your attendance is for a second opinion you should have all correspondence and investigations available from other clinicians. There MAY be an increased charge for second opinions.

I agree to my medical information to be emailed to my treating medical practitioners. NO YES

Signed

Date