# 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
- ☐ Mark OSullivan
- ☐ Tim Schneider
- ☐ David Shepherd
- ☐ Andrew Shimmin
- ☐ David Young
- ☐ Aaron Buckland
- ☐ Timothy Lording
- ☐ Andrew Fraval

| SURNAME | GIVEN NAMES | PREFERRED NAME | GENDER |
|---|---|---|---|
| | | | |

| HOME ADDRESS | POSTAL ADDRESS |
|---|---|
| | |

| TELEPHONE – HOME | TELEPHONE – BUSINESS | MOBILE | EMAIL ADDRESS |
|---|---|---|---|
| | | | |

| DATE OF BIRTH | AGE | OCCUPATION | ABORIGINAL & TORRES STRAIT ISLANDER? |
|---|---|---|---|
| | | | ❑ YES ❑ NO |

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 |
|---|---|---|---|---|
| | | | | |

**HEALTH FUND INSURER**

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

REFERRING DOCTOR ADDRESS

FAMILY DOCTOR – IF NOT REFERRING DOCTOR ADDRESS

**WORKCOVER ONLY** ACCEPTED CLAIM YES / NO

EMPLOYER NAME: .....

ADDRESS: ..... Ph. No.: .....

INSURANCE CO. .....

CLAIM No. ..... DATE OF INJURY .....

**TAC ONLY** PLACE OF INJURY

CLAIM No.: .....

DATE OF INJURY: .....

HAS THE EXCESS BEEN PAID? ❑ YES ❑ NO

WERE THE POLICE NOTIFIED? ❑ YES ❑ NO

**MEDICAL HISTORY** – PLEASE ANSWER ALL QUESTIONS
HAVE YOU EVER HAD ANY OF THE FOLLOWING?

| | YES | NO | | YES | NO | | YES | NO |
|---|---|---|---|---|---|---|---|---|
| HIGH BLOOD PRESSURE | ❑ | ❑ | BLEEDING TENDENCY | ❑ | ❑ | BLOOD CLOTS/THROM | ❑ | ❑ |
| HEART TROUBLE | ❑ | ❑ | RHEUMATIC FEVER | ❑ | ❑ | EPILEPSY | ❑ | ❑ |
| INSERTION OF PACEMAKER | ❑ | ❑ | BLOOD DISEASE | ❑ | ❑ | ASTHMA | ❑ | ❑ |
| KIDNEY DISEASE | ❑ | ❑ | HEPATITIS | ❑ | ❑ | | | |
| DIABETES | ❑ | ❑ | LUNG DISEASE | ❑ | ❑ | | | |

• 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 .....