

Patient Registration Form

Please complete both sides & return to staff, thank you



Your Details

Title: Mr Mrs Ms Miss Dr Other _____ Date of Birth: ____/____/____

First Name: _____ Surname: _____

Street Address: _____

Suburb: _____ Post Code: _____

Postal Address (if different from above) _____

Email address: _____@_____

Occupation: _____ Height: _____ Weight: _____

Contact numbers: Home: _____ Mobile: _____ Work: _____

Next of Kin: _____ Relationship: _____ Contact No: _____

Claim Details (please complete application sections)

Medicare: _____ Ref No: _____ Exp: ____/____

Private Health Insurer: _____

Member No: _____ Ref No: _____

Veterans Affairs Card No: _____ Gold White

WorkCover/TAC Details:

Date of Accident: ____/____/____ Claim No: _____

Insurer: _____ Case Manager: _____

Contact No: _____ Fax No: _____

Email: _____@_____

Referral Details (correspondence will be forwarded to any professionals listed to ensure continuity in your care)

Referring Doctor: _____ Tel: _____

Address: _____

Usual GP: (if different from above) _____ Tel: _____

Address: _____

Physiotherapist/Allied Health Professional/Other Specialists names and contact details:

Please continue over page

How did you hear about Mr Austin Vo and MSK?

- Referring Doctor Google search Website
- Physio/Allied Health from Personal recommendation from Other (please state)
-

Medical Questionnaire (please tick box and expand on any relevant conditions)

- Smoker Lung Disease Diabetes
- Heart Disease (cardiac failure, AMI, etc) DVT/PE Kidney Disease
- Allergies (please state)
-

Other Medical Conditions

Current Medications

Previous operations, admissions to hospital or serious illnesses (including year)

Privacy Policy

From December 21, 2001, the Federal Privacy Act of 1988 was amended to apply to all doctors in private practice. It is required a fully informed voluntary consent is obtained before or as soon as practical after the collection of health information. Medical care requires a full knowledge of patient health information by all members of a medical team, which may be shared from time to time, including by electronic means. This may include referring doctors, pathology, radiology, anaesthetists, Medicare, private health funds and debt collection agencies. Health information may be used for 'secondary purposes' such as auditing surgical results, clinical research, etc. Record keeping may also include medical imaging and photographs. The privacy of individuals is strictly maintained when reporting results of audits or research to the profession.

I (print name) _____ have read and understood the above, and consent to information, medical imaging and photographs being used for the secondary purpose of audit and research by Melbourne Shoulder & Knee, their providers and associates. I also consent to medical records and medical imaging being destroyed after seven years if I am no longer being treated by providers at Melbourne Shoulder & Knee.

Signed: _____ Date: _____

If guardian, relationship to patient: _____

Consultation fees (for all patients including WorkCover/TAC) are expected to be paid in full at the time of your appointment. These fees are above the Medicare Benefits Scheme (MBS) fee. You will be able to claim the MBS benefit from Medicare with the receipt issued if you have a **valid GP/Specialist referral**. All WorkCover/TAC patients will need to claim from the applicable party with the receipt issued.