



Knox
Orthopaedic
Group

Please return this completed form (front and back) to reception.

PERSONAL DETAILS – please complete all details below:

Title: MR / MRS / MS / MISS / DR Other: _____ Date of Birth: _____

First Name: _____ Surname: _____

Street Address: _____

Suburb: _____ Postcode: _____

Postal Address (if different from above): _____

Email Address: _____ Occupation: _____

Home Ph: _____ Work Ph: _____ Mobile Ph: _____

Medicare Card No: _____ Number beside name on card: _____ Exp Date: _____

Private Health Insurance: _____ Membership No: _____

Pension/Health Care Card No: _____

Next of Kin details – Name and Relationship to patient: _____

Contact Ph: _____

ACCOUNT DETAILS: Please complete all that applies to you:

Is your visit today related to a Workcover claim? Yes / No if yes, please provide the following details:

Date of Accident: _____ Claim Number: _____

Insurer: _____ Case Manager: _____

Employer name and address: _____

Is your visit today related to a TAC claim? Yes / No If yes, please provide the following details:

Claim No: _____ Date of Accident: _____

Is your visit today related to Veterans Affairs? Yes / No

Vets Affairs File No: _____ Card Colour: _____

REFERRING DOCTOR INFORMATION:

Please note if you were referred from a hospital Emergency Department please speak to the staff in regards to your account prior to seeing the doctor.

Referring Doctor: _____

Address and Telephone No: _____

Usual family doctor (if different from above): _____

Address and telephone No: _____

Usual Physiotherapist or other allied health professional: _____

Address and telephone No: _____

Please note consultation fees for all patients (except Veterans Affairs) are required to be settled in full at the time of your consultation. We are able to claim the Medicare component of the account directly from Medicare on your behalf as long as you have a valid referral for the consultation (GP referrals expire 12 months from date of initial consultation and specialist to specialist or Accident and Emergency referrals expire 3 months from the initial consultation date).

TAC and Workcover patients are able to claim their accounts directly from the applicable party with the receipt issued to them.

MEDICAL QUESTIONNAIRE (Please mark and provide details for all that apply to you):

Are you a smoker? YES / NO

Do you have any allergies? YES / NO

If yes, what are your allergic to:

Are you a diabetic? YES / NO

Have you a past history of your blood clotting? YES / NO

If yes, what were the circumstances:

Current Medications:

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 that a fully informed voluntary consent is obtained before or as soon as practical after the collection of health information. Medical care requires full knowledge of patient health information by all members of a medical team, which may be shared from time to time. This may include referring doctors, pathology, radiology, anaesthetists, Medicare, Private Health Insurance Funds, Workcover, TAC, Veterans Affairs 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 xrays 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, xrays and photographs being used for the secondary purposes of audit and research along with sharing my medical information with other health professionals directly involved in my treatment along with obtaining relevant medical information from other health professionals applicable to my treatment.

Signed: _____

Date: _____