

Confidential Patient Information

01

PERSONAL DETAILS

Mr Mrs Master Miss Ms Dr Prof Other

Date of Birth: ____/____/____

Surname: _____ Given Name: _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____

Occupation: _____

or School Year: _____ or University Year and Course: _____

Telephone Numbers:

Home: _____ Work: _____ Mobile: _____

Next of kin details (family member or friend / medical power of attorney)

Name: _____ Relationship to you: _____

Contact number: _____

Mother's Name: _____ Father's Name: _____

CLAIM DETAILS:

Medicare Number: _____ Ref No: _____ Exp Date: _____

Private Health Insurance: Yes No Fund Name: _____ Fund Number: _____

Concession Cards:

Aged or Disability Pension No: _____ Exp Date: _____ Dept. _____

Veterans Affairs Card No: _____ White Gold Exp Date: _____ Health _____

Care Card No: _____ Exp Date: _____

WorkCover (If applicable) Claim No: _____ Insurer: _____

TAC Details (If applicable): Date of Accident: _____ Claim Number: _____

Usual GP Name: _____ GP Provider Number: _____

Practice details: _____

PLEASE TURN OVERLEAF

Confidential Patient Information

Regular Medications (Name, Dose, Frequency): _____

Have you had a DVT/ PE or Family History of PE/DVT? Yes No Have you ever had Heart Disease? Yes No

Do you suffer from Asthma? Yes No If Yes, how is your Asthma managed? _____

Have you had adverse reactions to anaesthetics or family history of adverse anaesthetic reactions? Yes No

If Female: - Is there any chance you are pregnant? Yes No

(We may require X-rays or surgery both of which can affect pregnancy)

Are you allergic to any medicines, tapes or latex: Yes No If yes, please specify: _____

AUTHORISATION AND CONSENT TO PHOTOGRAPHY/VIDEO

I, _____ hereby consent that photographs be taken of me by Mr Mike Millar

Mr Mike Millar at all times respects patients right to privacy and informed consent for procedures within the practice including photographic records. I understand that these photographs form an essential part of my medical record as well as my preoperative and postoperative assessment. I understand and consent to my photographs being used by Mr Mike Millar for medical research, teaching and or patient education purposes. I understand that I will not be identified by name in any such use of these photographs, however in some circumstances the photographs may portray features that shall make my identity recognisable.

I give permission for Mr Mike Millar or his staff to contact me by telephone and if necessary leave a message.

I have read all of the above and all my questions have been answered.

Signature: _____ Date: ___/___/___

HEALTH RECORDS ACT 2001 COLLECTION STATEMENT

Mr Mike Millar is collecting your health information for providing you with health services. Please read and sign to give approval for this information to be collected and stored. Your medical information will be used exclusively for providing health care in the following way:

- To gain a history, diagnose disease and provide treatment where necessary;
- Administrative purposes in running this Practice, which may also include confirmation of your appointment. Writing reports to your Doctor and other
- Doctors involved in the provision of healthcare, and the storing of reports provided to this Practice by other Medical Specialists; and
- Billing and collection purposes, including but not limited to compliance with Private Health Fund, Medicare and Health Insurance Commission requirements. You may gain access to your health information by writing to us. If you do not consent to providing us with your health information we may be unable to provide you with health services.

I consent to Mr Mike Millar collecting my health information. Signature: _____ Date: ___/___/___

REFERRAL SOURCE: How did you hear about Sports Surgeon Dr Mike Millar? Referred by Doctor GP or Specialist

Website – www.sportsurgeon.com.au or Royal Australian College of Surgeons (RACS) website

Google Social Media Personal recommendation: _____

Other: _____

ALL CONSULTATIONS ARE PAYABLE AT THE TIME OF SERVICE.

Unfortunately, we do not bulk bill, however for your convenience we can accept EFTPOS, Visa, MasterCard, cheque and cash.