

NEW PATIENT FORM

To assist us with patient records, please complete the following questionnaire:

Contact Details

Title: Dr / Mr/ Mrs / Ms / Miss / Mast / Other:

First Name: **Surname:**

Address: **Suburb:**

Postal address if different to above:

Telephone: Home: Work: Mobile:

Email: Occupation:

Date of birth: / / **Current age:**

Private Health Insurance – Fund name:

Member number: Number of years in fund:

Medicare card number: _ _ _ _ _ Ref No: Valid to: /

Pension card number: Valid to: /

Next of kin: Relationship:

Phone: Mobile:

Parent/Caregiver details if child under 16 (for processing Medicare claims)

DOB: / / Medicare number: _ _ _ _ _

Name of Referring Doctor:

Name & Address of Family Doctor (if different to referring doctor):

Practice Fees	Cost	Pensioner Rate	Medicare Rebate
Consultation 104	\$250	\$150	\$80.85
Review 105	\$150	\$100	\$40.65

*** This practice does not bill private health funds directly for surgery. There will be an out of pocket fee for surgeries performed by Mr Hayden Morris.**

About your personal health information

The personal health information you provide is collected for the purpose of providing high quality health care. Our policy is to protect your privacy and this information will only be disclosed to other health care workers and external organisations where necessary or required under legislation. Melbourne Knee Centre regularly participates in education and research. Where your data is used for these purposes we will de-identify that data wherever practical.

- I consent to my health information being used in accordance with the Victorian Health Records Act, 2001.
- I consent to my health information being used for research

Patient or guardian signature: Date:

ASSOCIATES:

MARK BLACKNEY
FOOT & ANKLE

TERENCE CHIN
FOOT & ANKLE

RICHARD DALLALANA
SHOULDER & ELBOW

ROBERT HOWELLS
KNEE, HIP & SHOULDER

GERALD QUAN
SPINE

NATHAN WHITE
KNEE