Patient Registration & Consent Form

EASTERN MELBOURNE ORTHOPAEDICS & SPORTS

Personal Details (Please tick) ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other _____

First name _____ **Surname** _____ **Marital status** _____

Address _____ **Postcode** _____

Date of birth ___/___/_____ **Email** _____ **Occupation** _____

Phone **Mobile** _____ **Home** _____ **Work** _____

To minimise your risk of missing appointments, we'll send you an SMS reminder. Please notify us on 9416 1466 if you want to opt out of this system.

Emergency Contact

Name _____ **Relationship** _____

Contact number _____ Permission to disclose medical information to this person ☐ Yes ☐ No

Your GP

Name _____

Address _____

Phone _____

Your Physiotherapist

Name _____

Address _____

Phone _____

Health Cover Details

Please tick

☐ Private ☐ Uninsured ☐ DVA ☐ WorkCover ☐ TAC ☐ Overseas Citizen

Medicare no. _____ **Ref no.** ____ (No. next to your name on card)

Private Insurance Name _____ **Member No.** _____

Level of cover _____ **Veteran Affairs No.** _____ ☐ Gold ☐ White

Diabetic ☐ Yes ☐ No **Type** _____ **Weight** _____

WorkCover Details/TAC Details

Claim No _____ **Insurer (for WorkCover)** _____

Date of injury/accident _____ **Body part injured (on claim)** _____

I agree for my medical history to be included in My Health Record ☐ Yes ☐ No

I HAVE READ AND AGREE TO THE BELOW POLICIES AND DISCLOSURE STATEMENT

Signature _____ **Date** _____

*All Work Cover/TAC patients you need to pay for your consultation account on the day and claim a rebate from the applicable party. Once any necessary surgery is approved, we'll send the account directly to your insurer/agency.

FEE POLICY: Initial consultation: $200 - Review consultation: $100. PAYMENT ON THE DAY OF CONSULTATION.
CANCELLATION POLICY: At least 24-48 hrs. Less than 24 hrs. may incur a $100 cancellation fee.

DISCLOSURE STATEMENT

- I give permission for my medical details and results to be given to my referring doctor, other doctors and health professionals involved with my care, including admitting hospital and other third parties i.e., Work Cover/TAC.
- I understand that clinical information may be gathered for ongoing medical research.
- I authorise Mr Moaveni to claim my accounts with a third party when necessary (Medicare, WorkCover, TAC, Private Fund).