

# 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:** .....

**Name of Referring Doctor:** .....

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

Practice Fees	Cost	Medicare Rebate
Consultation 104	\$156	\$72.75
Review 105	\$90	\$36.55

**\* This practice does not bill private health funds directly for any 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 that you provide during your consultation and subsequent treatment will be collected for the purpose of providing you with high quality health care. Our policy is to protect your privacy and this information will be only be disclosed to other health care workers were necessary or required under legislation. I agree and consent to my health information being used in accordance with the Victorian Health Records Act, 2001.

**ASSOCIATES:**

- MARK BLACKNEY  
FOOT & ANKLE
- TERENCE CHIN  
FOOT & ANKLE
- RICHARD DALLALANA  
SHOULDER, ELBOW & KNEE
- ROBERT HOWELLS  
KNEE, HIP & SHOULDER
- CHRIS KONDOGIANNIS  
KNEE & HIP
- HAYDEN MORRIS  
KNEE
- GERALD QUAN  
SPINE
- JOHN SALMON  
SHOULDER & ELBOW