

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. _____

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 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: \$180 - 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).