MR SAM PATTEN
F.R.AC.S.
Orthopaedic Surgeon
Provider No 201879HJ

Level 5, 141 Grey Street
East Melbourne, 3002
Telephone: 9928 6262
Fax: 9928 6264

Patient Registration Form

Title:_____ Surname:_____ First name: _____

Postal address: _____

Suburb:_____ Postcode:_____

Email address: _____

Occupation: _____ Date of Birth: _____

Phone numbers: Home: _____ Work:_____ Mobile: _____

Medicare Number: _ _ _ _ _ _ _ _ _ _ Ref No:_ Expiry Date: _ _ / 20_ _

Private Health Insurance Fund:_____ Membership Number: _____

Veterans Affairs Card Number:_____ White/Gold Card

WorkCover/TAC Claim Number: _____ Date of Injury: _____

Insurance Company: _____

Employer Name:_____ Address: _____

Case Manager Name: _____ Phone:_____ Fax:_____

Body part/s covered by claim: _____

Next of Kin Details:

Name: _____ Relationship to you: _____

Next of Kin phone number: _____

Referring Doctor: _____

Address: _____

Telephone:_____ Fax: _____

Usual GP: _____

Address: _____

Telephone:_____ Fax: _____

Physiotherapist:_____

Address: _____

Telephone:_____ Fax: _____

Other interested Medical Practitioners: _____

Address: _____

Telephone:_____ Fax: _____

MEDICAL HISTORY & MEDICATIONS

CARDIAC

I have had an irregular heartbeat or palpitations: YES / NO
I have a pacemaker and/or defribillator: YES / NO If yes, type/brand:_____
I have a cardiologist: YES / NO
If yes, provide name, address & phone number: _____

_____

I have been hospitalised for a heart attack and/or have had surgery on my heart: YES/ NO
If YES: STENT / BYPASS SURGERY / VALVE

BLOOD-THINING MEDICATIONS

Do you take Aspirin / Cartia? YES / NO
Do you take any of the following medications: YES / NO If Yes, please circle below

CLOPIDOGREL ASASANTIN WARFARIN CLEXANE ELIQUIS

FONDAPARINUX (ARIXTRA) RIVAROXIBAN (XARELTO) DABIGATRAN(PRADAXA)

Have you ever had a bleeding or clotting problem? YES / NO

Have you ever had a mini-stroke or TIA? YES / NO

DIABETES

Do you suffer from Diabetes? YES / NO If Yes: TYPE 1 / TYPE 2

If yes, is your diabetes controlled by: DIET ONLY / TABLETS / INSULIN INJECTIONS

Do you have an Endocrinologist: YES / NO

If YES, name and contact details: _____

CURRENT MEDICATIONS

DRUG NAME	DOSAGE	FREQUENCY

Do you have any allergies? (ie Medications /Tapes / Dressings /Latex)

_____

_____

CONSENT

We require your consent to collect personal information on your behalf. This medical practice collects information for the primary purpose of providing quality health care. We require that you provide us with your personal details and medical history so we may properly assess, diagnose and treat your health care needs. We will use the information in the following ways:

- Administration purposes in running the practice
- Billing purposes, including compliance with Medicare, WorkCover & TAC
- Correspondence with others involved in your care, including your GP, other treating doctors, physiotherapists and other specialists.

I have read the information above and understand the reasons why my information must be collected. I am aware that this practice has a privacy policy regarding patient information.
I understand that I am not obliged to provide any information requested but that failure to do so may compromise the quality of my treatment.
I am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given and explanation in these circumstances.
I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure that I notify this practice of.

Signature: _____
Name: _____
Date: _____

CONSENT TO PARTICIPATE IN RESEARCH

I, _____ am willing to participate in the collection of data for research purpose. (Please note ALL data collected is de-identified).
Signature:_____ **Date:** _____

REFERRAL SOURCE (Please circle)

Website: www.melbourneorthopaedics.net.au Google Yellow/White pages
Personal Recommendation GP Recommendation Royal Australian College of Surgeons RACS Website
Other