

DR AMY TOUZELL - SOUTH EAST ORTHOPAEDICS

TITLE _____ FULL NAME _____

DATE OF BIRTH _____

ADDRESS _____

POSTAL ADDRESS _____

HOME PHONE _____ MOBILE _____

EMAIL _____

NEXT OF KIN _____ PHONE _____

KNOWN ALLERGIES/MEDICAL CONDITIONS _____

DO YOU HAVE A GASTRIC LAP BAND? YES NO (please circle)

DO YOU HAVE A PACEMAKER? YES NO (please circle)

REFERRING DOCTOR _____

USUAL GP _____

PODIATRIST _____

PHYSIOTHERAPIST _____

OTHER RELEVANT HEALTH PROVIDERS _____

BILLING INFORMATION:

HEALTH FUND _____ MEMBERSHIP NUMBER _____

HOSPITAL COVER? YES NO EXTRAS COVER? YES NO

MEDICARE NUMBER: _____ REF _____ EXP _____

AGED/DISABILITY PENSION _____ HCC _____

VETERAN'S AFFAIRS _____ CARD COLOUR _____

Do you have a WORKCOVER claim relating to this condition? YES NO APPROVED? YES NO

CLAIM NUMBER _____ Date of Accident _____

INSURANCE COMPANY _____ CLAIMS OFFICER _____

EMPLOYER _____ CONTACT NAME _____

EMPLOYER ADDRESS _____ EMPLOYER PHONE _____

Is this condition a result of a MOTOR VEHICLE ACCIDENT? YES NO TAC APPROVED? YES NO

DATE OF ACCIDENT _____ TAC EXCESS REACHED YES NO

CLAIM NUMBER _____ CLAIMS OFFICER _____

PLEASE TURN OVER TO COMPLETE

PRIVACY POLICY AND COLLECTION AND RELEASE OF MEDICAL INFORMATION

A full copy of our Privacy Policy is available on our website www.southeastortho.com.au or at our Practice.

Collection of personal information

We collect information that is necessary and relevant to provide you with medical care and treatment, and manage our medical practice. This information may include personal details, health information, credit card/direct debit details and contact details. This information may be stored on our computer medical records system and/or in hand written medical records.

Wherever practicable we will only collect information from you personally, however occasionally we may collect information from other sources such as other health care providers, radiologists, pathologists, hospitals. Information may be collected by medical or non-medical staff of our practice, in person, over the phone or in writing.

We will take reasonable steps to ensure that your personal information is accurate, complete, up to date and relevant. We request that you let us know if any of the information we hold about you is incorrect or out of date.

Use and Disclosure

We will treat your personal information as strictly private and confidential. We will only use or disclose it for purposes directly related to your ongoing care and treatment eg. The disclosure of information/results to your GP or other members of your health care team.

Sharing of medical information

I agree to the sharing of relevant information between Dr Amy Touzell's practice (South East Orthopaedics) and other members of my healthcare team, including but not limited to, my General Practitioner, other treating Doctors/Specialists, Hospitals, Radiology and Pathology providers. This includes, but is not limited to, correspondence between members of my healthcare team (and their practices) and collection and sharing of results.

Signed _____ Date _____

Billing

- Payment is expected at the time of consultation. Out of pocket fees for surgery are payable at the first post-operative visit.
- The patient will accept full liability for rejected Work cover, TAC and health fund claims where applicable.
- In the unlikely event your account is overdue for more than 90 days, you may be referred to a collection agency and/or law firm. You will be liable for all costs which may be incurred, including additional legal demand/administration costs.

I have read and understood the billing arrangements.

Signed _____ Date _____