Confidential patient information

Personal details

☐ Mr ☐ Mrs ☐ Master ☐ Miss ☐ Ms ☐ Dr ☐ Prof ☐ Other _____

Given Name: _____ Surname: _____

Middle Name: _____ Preferred Name: _____

Date of Birth: ___/___/_____ Preferred Pronoun/s: _____

Mobile: _____ Home: _____ Work: _____

Email: _____

Address: _____

Suburb: _____ Postcode: _____

Claim Details

Medicare Number: _____ Ref No: _____ Exp Date: _____

Private Health: ☐ Yes ☐ No Fund Name: _____ Fund Number: _____ Exp Date: _____

Concession cards

Dept. Veterans Affairs Card No: _____ ☐ White ☐ Gold Exp Date: _____

Aged of Disability Pension No: _____ Exp Date: _____

Health Care Card No: _____ Exp Date: _____

Third party claims

WorkCover (If applicable) Insurer: _____ Claim No: _____

Case manager: _____ Email address: _____ Branch: _____

TAC Details (If applicable): Date of accident: _____ Claim Number: _____

Case manager: _____ Email address: _____

Occupation: _____

or School Year: _____ or University Year and Course: _____

Referral details

Referring doctor: _____ Practice details: _____

Usual GP: _____ Practice details: _____

Emergency contact

Name: _____ Relationship to you: _____

Contact Number: _____

Complete only if patient is a minor (14yrs and under):

Parent / Guardian Name: _____ Date of Birth: _____

Parent / Guardian Medicare No: _____ Ref. No: _____ Exp Date: _____

Contact Information
p (03) 5752 5020
e practicemanager@vbjs.com.au

Practice Address
Suite 7, 55 Victoria Parade, Fitzroy 3065

www.vbjs.com.au

Medical questionnaire

Regular Medications (Name, Dose, Frequency) _____

_____

Medical Conditions: _____

If Female: - Is there any chance you are pregnant? ☐ Yes ☐ No
(We may require X-rays or surgery both of which can affect pregnancy)

Are you allergic to any medicines, tapes or latex: ☐ Yes ☐ No If yes, please specify: _____

_____

Allied health (Physio, Chiro, myotherapist or other allied health)

Practice name: _____ Practice phone number: _____

Authorisation and consent to photography/video

I, _____ consent that photographs be taken of me by Victorian Bone and Joint Specialists.

Victorian Bone and Joint Specialists at all times respects patients right to privacy and informed consent for procedures within the practice including photographic records. I understand that these photographs form an essential part of my medical record as well as my preoperative and postoperative assessment. I understand and consent to my photographs being used by Victorian Bone and Joint Specialists for medical research, teaching and or patient education purposes. I understand that I will not be identified by name in any such use of these photographs, however in some circumstances the photographs may portray features that shall make my identity recognisable.

I give permission for Victorian Bone and Joint Specialists or their staff to contact me by telephone and if necessary leave a message.

I have read all of the above and all my questions have been answered.

Signature _____ Date: ___/___/_____

Health records act 2001 collection statement

Victorian Bone and Joint Specialists is collecting your health information for providing you with health services. Please read and sign to give approval for this information to be collected and stored. Your medical information will be used exclusively for providing health care in the following way:

- To gain a history, diagnose disease and provide treatment where necessary;
- Administrative purposes in running this Practice, which may also include confirmation of your appointment.
- Writing reports to your Doctor and other Doctors involved in the provision of healthcare, and the storing of reports provided to this Practice by other Medical Specialists; and
- Billing and collection purposes, including but not limited to compliance with Private Health Fund, Medicare and Health Insurance Commission requirements. You may gain access to your health information by writing to us. If you do not consent to providing us with your health information we may be unable to provide you with health services.

Referral source, How did you hear about Melbourne Bone & Joint?

Referred by Doctor ☐ GP or ☐ Specialist

☐ Our Website - www.vbjs.com.au ☐ or Royal Australian College of Surgeons (RACS) website

☐ Google ☐ Yellow Pages ☐ Social Media ☐ Personal recommendation: _____

☐ Other: _____

All consultations are payable at the time of service

We accept payment via direct deposit, VISA/Mastercard or Cheque

Victorian Bone and Joint Specialists is committed to creating a sustainable environment. Assist us by providing any documents digitally and consider the environment prior to printing this form

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