

Ozorthopaedics Dr. Ikram Nizam

MB ChB MRCS MSc FRACS(Orth)

## **Consultant Orthopaedic Surgeon**

83 Canterbury Rd, Canterbury 3126 VIC. Provider No: 239537JT

## PATIENT REGISTRATION FORM

PLEASE ANSWER ALL SECTIONS – ALL INFORMATION GIVEN IS CONFIDENTIAL

						M.I	
,	Street Address					Apartment/Unit#	:
	City				State	Post Code	
Home Phone:	,			Mobile Phone:			
Home Phone: Mobile Phone:  Date of Birth: Marital Status:							
Emergency Contact							
NAME/RELATIONSHIP TELEPHONE							
				REF No. EXP			
HEALTH FUND NAME:							
REFERRIG DOCTOR:							
PENSIONER CARD NUMBER:							
WORKCOVER ON	LY ACCEPT	ED CLAIM YES / N	0	TAC ONLY PL	ACE OF INJU	RY	
EMPLOYER NAME	::			CLAIM NUMBER			
ADDRESS:		PH No.		CLAIM No			:
INSURANCE Co				HAS THE EXCESS	BEEN PAID	YES / NO	
CLAIM No	DATE O	F INJURY		WERE THE POLICE	NOTIFIED	YES / NO	
MEDICAL HISTORY – PLEASE ANSWER ALL QUESTIONS HAVE YOU EVER HAD ANY OF THE FOLLOWING?							
HIGH BLOOD PRE	SSURE	YES / NO	BL	EEDING TENDENCY	YES / NO	BLOOD CLOTS/THROM	YES / NO
HEARING TROUBL	LE	YES / NO	RH	IEUMATIC FEVER	YES / NO	EPILEPSY	YES / NO
INSERTION OF PA	CEMAKER	YES / NO	BL	OOD DISEASE	YES / NO	ASTHMA	YES / NO
KIDNEY DISEASE		YES / NO	HE	PATITIS	YES / NO		
DIABETES		YES / NO	LU	NG DISEASE	YES / NO		
ARE YOU ALLERGIC TO ANY MEDICINE OR TAPES NO YES DETAILS							
HAVE YOU EVER BEEN GIVEN CORTISONE TABLES/INJECTIONS?							
HAVE YOU EVER SUFFERED ANY SERIOUS ILNESS IN THE PAST? DETAILS							
DETAILS OF OPERATIONS IN THE PAST							
DETAILS OF CURRENT MEDICATION							
FEMALES – ARE YOU PREGNANT? NO YES POSSIBILITY							
HAVE YOU BEEN TESTED FOR HIV ANTIGEN NO YES IF SO, POSTIVE NEGATIVE							
DO YOU SMOKE NO YES HOW MANY PER DAY?							
PATIENTS PLEASE NOTE Surgical fees charged are guided by the Australian Medical Association and can depend on complexity of the operations.							
There is a Booking Fee to cover the short fall from all health funds as they pay well below the recommended AMA fees for surgery.							
Work Cover and T.A.C patients must provide correct details of the organization accepting liability for payment of services including their employer, insurance company and claim number before treatment is undertaken.							
Therapy services are not rebatable by Medicare, but are rebatable by Private Health Funds.							

Signed \_\_\_\_\_\_Date