



FIRST NAME: _____ SURNAME: _____

PREFERRED NAME: _____ DOB: ____/____/____

EMAIL: _____

RESIDENTIAL ADDRESS: _____

MOBILE: _____ LANDLINE: _____

MEDICARE NUMBER: _____ REF NO: _____ EXP DATE: _____

PRIVATE HEALTH FUND: _____ NUMBER: _____

WORK COVER CLAIM NO: _____ CASE MANAGER: _____

DVA NUMBER: _____ GOLD OR WHITE CARD: _____

NEXT OF KIN: _____ PHONE: _____

ALLERGIES: _____

GP: _____

WEIGHT: _____ OCCUPATION: _____

- | | |
|--|-----|
| 1. Do you have a history of heart disease? | Y/N |
| 2. Do you have a history of high blood pressure? | Y/N |
| 3. Are you diabetic? | Y/N |
| 4. Do you take Aspirin or blood thinning medications, for example Warfarin or Plavix or Fish Oil | Y/N |
| 5. Do you have a history of blood clots or DVT? | Y/N |
| 6. Do you have a history of Hepatitis or HIV? | Y/N |
| 7. Have you ever suffered from Malignant Hyperthermia? | Y/N |
| 8. Medications: _____ | |

SURGEONS' FEES EXPLAINED:

Fees for surgical procedures performed by surgeons at Nautilus Orthopaedics are based on recommended fees published by the Australian Medical Association (AMA). Medicare and Private Health Insurance **DOES NOT** cover the full cost of these fees. AMA rates for surgical procedures will be invoiced prior to surgery. After the procedure, the patient can then claim the rebates from Medicare and their Private Health Fund. The surgeons at Nautilus Orthopaedics **DO NOT** participate in the Known Gap Scheme. The fee schedule that our surgeons adhere to is transparent and remains consistent for all their patients. Our administration staff will be happy to provide you with a quote for your surgery, which will clarify your out-of-pocket expenses. Consultation fees are to be paid on the day of consultation, Initial consultation \$229.00 and Subsequent consultation \$122.00, Medicare rebates will be processed by our admin staff upon payment.

CONSENT:

I consent to the collection and disclosure of information to/from Medical/Specialist Practitioners, Allied Health Practitioners and institutions that may require information about my medical history, but only to the extent necessary to access/treat the particular condition that I have consulted the Specialist Practitioner about. I understand I can retract this consent at any time and to do this, must do so in writing. I understand that I will be responsible for and agree to pay all Nautilus Orthopaedics accounts and will indemnify and keep indemnified Nautilus Orthopaedics from all costs, commissions, fees, charges and expenses including, but not limited to, solicitor's costs and debt collection charges incurred by Nautilus Orthopaedics in the recovery of any overdue monies. Other fees may be incurred for plaster casts, moon boots, injections, splints etc.

I _____ (Patient's Name) have read and understood the above terms. I agree that payment of the account in full is MY responsibility.

Signature: _____ Date: _____

****DVA does not cover the cost of injections****