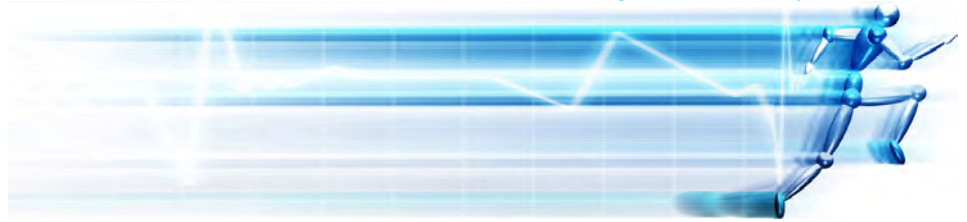


Orthopaedic Surgeon
Mr George Bousounis
 MBBS, FRACS, FAOrthA

Hip and Knee Surgeon
www.rapidrecoveryjoints.com.au



Rapid Recovery Joint Replacement Surgery

Patient Registration Form

Patient Information

Title: Mr Mst Mrs Miss Ms Dr Prof

First Name: _____ Surname: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: Home: _____ Work: _____ Mobile: _____

Email: _____

Date of Birth: _____ Current Age: _____ Occupation: _____

Next of Kin: _____ Relationship: _____ Phone: _____

Person Responsible For Payment of Account: Self Parent TAC Workcover Veteran's Affair Other

• If parent or other, name of person: _____

• Relationship to patient: _____

Claim Details

Medicare Number: _____ () no. left of name Exp Date: _____

Private Health Insurance: YES NO Health Fund Name: _____

Health Fund Membership Number: _____ Date Joined: _____

Usual GP Name: _____ GP Provider Number: _____

• Address and Tel: _____

Referring Doctor (if different from above): _____

• Address and Tel: _____

Concession Cards:

• Aged Pension or Health Care Card No: _____ Exp Date: _____

• Dept. Vet. Affairs Card No: _____ White Gold Exp Date: _____

TAC Details (if applicable): Claim No: _____ Date of Accident: _____

WorkCover (if applicable): Claim No: _____ Insurance Company: _____

• Employer: _____

• Employer Address: _____

• Employer Phone: _____ Contact Person: _____

Turn overleaf.

Medical History

What is your current: Weight (kgs) _____ and Height (cm) _____

Have you suffered from or receive treatment for:

- | | |
|--|---|
| <input type="checkbox"/> Heart trouble (e.g. AML, angina, heart failure) | <input type="checkbox"/> Diabetes: <input type="checkbox"/> Type I <input type="checkbox"/> Type II |
| <input type="checkbox"/> Lung disease | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blood clots (DVT/PE) |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Bleeding disorders |
| <input type="checkbox"/> Stomach ulcers / Reflux | <input type="checkbox"/> Smoker |
| <input type="checkbox"/> Blood disease | <input type="checkbox"/> Viruses |
| <input type="checkbox"/> Other: _____ | |

Allergies:

- To medication: _____
- Latex / Tapes
- Other: _____

Are you taking any blood thinning medication: YES NO

- Warfarin Aspirin Clopidogrel / Plavix Iscover Rivaroxaban (Xarelto) Other: _____

Health Records Act 2001 Collection Statement

Mr George Bousounis is collecting your health information to provide you with health services. Please read and sign to give approval for this information to be collected and stored. Your medical information may be used in the following way:

- To gain a history, diagnose disease and provide treatment where necessary.
- Administrative purposes in running this medical practice.
- Disclosure to other health care professionals involved in your health care. This includes treating doctors and specialists outside this medical practice, as well as pathology, radiology, Medicare and private health funds. This may occur through referral to other doctors or for medical tests and in the reports or results returned to us following the referrals.
- Health information may also be used for secondary purposes such as auditing surgical results, clinical research and teaching. Record keeping may also include x-rays, and clinical photographs and videos when required. The privacy of individuals is strictly maintained in these circumstances.
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements and debt collecting agencies.

I consent to Mr George Bousounis collecting my health information.

Print Name: _____

Signature: _____ Date: ____/____/____

Referral Source

How did you hear about Mr George Bousounis?

- Referred by Doctor, Internet, Personal recommendation, Other: _____

Notice About Fees

All consultations are payable at the time of service. The cost of consultation is above the Medicare schedule fee. This means you will not recover the full fee after claiming from Medicare. If you require further information about the payment of your consultation please feel free to speak to our friendly staff who will be happy to assist.