

Simon Chan
Orthopaedic
Hand & Wrist Surgeon

Confidential Patient Registration Form

Title: _____ Last Name: _____ First Name(s): _____

Date of Birth: _____ email: _____

Address: _____ Post Code: _____

Mobile: _____ Home: _____ Other: _____

Occupation: _____

Parent/Guardian (if under 18 years) _____

Medicare: Ref: Valid to: /

DVA Number: _____ DVA Class: _____

Health Fund: _____ Membership No: _____

Referring Doctor: _____ Tel: _____

Address: _____

Family Doctor (if different): _____ Tel: _____

Address: _____

Area(s) for Treatment (eg left wrist, right ring finger): _____

To be completed for WorkCover or Third Party Claims

Type of Claim: Worker's Compensation Motor Accident Other

Date of Accident: _____ Date of Claim (if different): _____

Insurance Company: _____

Claim No: _____

Address: _____

Phone: _____ Fax: _____

Case Manager: _____

Direct Phone Number: _____ email: _____

Brief description of Accident: _____

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Payment is required at the end of each consultation. In the unlikely event that the payment is overdue by more than 90 days, you will be referred to a debt recovery agency, and be responsible for the associated costs for recovering this debt (usually an additional 20%).

This practice is a private sector health provider. It is bound by the National Privacy Act and the Health Records and Information Privacy Act. These principles set the standards by which personal information is collected from patients.

As part of your treatment, it is usual to write to:

- Your referring doctor,
- Your family doctor,
- The physiotherapist or hand therapist involved in your care, and
- Any specialist to whom you are referred (including for x-rays, scans or pathology tests).

In the case of compensation matters, it may be necessary to write to:

- The insurer,
- The solicitor,
- Your employer, and
- The Rehabilitation provider/consultant.

Only necessary information will be released.

You are likely to have digitised x-rays and/or clinical photographs taken as part of your management. They are useful in discussing the diagnosis and treatment with you and other clinicians. They can also be very useful for teaching purposes and research.

All images used for these purposes will be de-identified.

Tick if you do **not** consent to x-rays or photographs to being used for teaching purposes.

Signature: _____

Name (print): _____

Date: _____