PATIENT INFORMATION

To assist us with your treatment please complete this form

Orthopaedics Queensland

☐ Dr Ritesh Dawra ☐ Dr Charles Dick ☐ Dr Kim Latendresse
☐ Dr Jonathan Dick ☐ Dr Vasudev Navalgund ☐ Mr James Tunggal

PATIENT DETAILS

Title | First Name | Initial | Surname

Street

Suburb | State | Postcode

DOB | Email | Occupation

Phone Home | Work | Mobile

☐ Check box if you do not wish to receive SMS reminders of your appointments

Next of Kin | Relationship

Phone Home | Work | Mobile

REFERRING DOCTOR

Referring Doctor's Name | Date of Referral

Address | Phone

Family Doctor's Name (If different from above)

Address | Phone

HEALTH INSURANCE

Medicare Card No | No. Left of Name | Expiry Date

Do You Have Private Health Insurance ☐ Yes ☐ No | Name of Health Fund

Membership Number | No. Next to Name (If Applicable) | Date Joined

Type of Coverage ☐ Hospital & Extras ☐ Hospital Only ☐ Extras Only | Any Exclusions

Do You Have a DVA Card ☐ Yes ☐ No | DVA No | Colour of Card

Is This A Work Claim ☐ Yes ☐ No | Date of Injury / Accident | Date of Claim

Claim Number | Case Manager (If Known) | Phone (If Known)

Insurance Company Name | Phone

Address

Employer's Name | Phone

Address

YOUR PRIVACY, OUR CONCERN | CONSENT TO USE YOUR PERSONAL INFORMATION

Orthopaedics Queensland complies with the Commonwealth Privacy Act and all other state and territory legislative requirements in relation to the management of personal information. We collect information that is necessary for the provision of your health care. Personal information obtained from you in your consultation may be used to provide information to various health services involved in supporting your health care management (e.g. pathology, radiology, hospitals or other specialists).

☐ I have read and understood Orthopaedics Queensland's Privacy Policy and understand my rights and responsibilities.

I _____ hereby consent to my personal information being released as and when required.

(Patient / Guardian / POA)

Signature of Patient / Guardian / POA _____ Date _____

PHONE 07 5212 7777
FAX 07 5212 7700
EMAIL admin@oqld.au

ADDRESS
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11 Eccles Boulevard | Birtinya QLD 4575

PLEASE CONTINUE AND COMPLETE THE HEALTH QUESTIONNAIRE