

PERSONAL DETAILS

NEW PATIENT FORM (Side 1)

☐ Mr ☐ Mrs ☐ Master ☐ Miss ☐ Ms ☐ Dr ☐ Prof ☐ Other

Date of Birth: ____/____/____

■ Surname: _____ Given Name: _____

Address: _____

Suburb: _____ Postcode: _____

Email: _____

Occupation: _____

■ Telephone Numbers: Home: _____

Work: _____ Mobile: _____ Emergency: _____

■ Next of kin details (family member or friend / medical power of attorney)

Name: _____ Relationship to you: _____

Contact number: _____

YOUR GP's DETAILS

■ GP's Name: _____ GP Provider Number: _____

Practice details: _____

Contact number: _____

CLAIM DETAILS

■ Medicare Number: _____ Ref No: _____ Exp Date: _____

■ Private Health Insurance: ☐ Yes ☐ No Fund Name: _____ Fund Number: _____

■ Concession Cards:

Aged or Disability Pension No: _____ Exp Date: _____

Dept. Veterans Affairs Card No: _____ ☐ White ☐ Gold Exp Date: _____

Health Care Card No: _____ Exp Date: _____

■ WorkCover Details (If applicable)

Is this visit related to a WorkCover injury ☐ Yes ☐ No

Claim No: _____ Date of Injury: _____

Insurer: _____ Employer: _____

Claims Officer Details

Name: _____ Phone: _____ Fax: _____

■ TAC Details (If applicable): Date of Accident: _____ Claim Number: _____

PLEASE TURN OVERLEAF AND COMPLETE BOTH SIDES

MEDICAL HISTORY

NEW PATIENT FORM (Side 2)

- **Do you smoke cigarettes?** ☐ Yes ☐ No If so how many and for how long? _____
- **Do you take any blood thinning agents (eg warfarin, plavix, aspirin, asasantin)?** ☐ Yes ☐ No
Details: _____
- **Do you have any allergies?** ☐ Yes ☐ No If yes please include details: _____

FEE STRUCTURE AND FINANCIAL CONSENT

All consultation fees must be paid on the day of service

- The initial consultation fee is \$350.00/\$250 for pension card holders (rebate from Medicare \$122.45)
- Review appointment is \$250.00/\$200 for pension card holders (rebate from Medicare \$80.85)
- DVA Gold Card holders will have their accounts forwarded directly to DVA.
- If your visit relates to WorkCover or TAC you are still required to pay the full consultation fee (\$350/250) on the day and submit the receipt to your WorkCover company for reimbursement.
- WorkCover and TAC patients please note that you will have an out of pocket amount for consultations only. Procedures and operations will require written pre-approval prior to proceeding.
- Please note Mr Bhaskar is happy to see patients without private health insurance but does not hold a public hospital operating list. If surgery is required your GP will need to refer you to a public hospital.

In most instances, Mr Bhaskar charges an out of pocket co-payment fee for operations performed in the private hospital. This is not claimable on your health insurance.

I understand and agree to the fees and charges.

Signature: _____ Date: ____/____/____

PRIVACY

All information collected by this practice will be used for providing healthcare. Collection and utilization and storage of this information will be compliant with the 2001 Health Records Act.

I consent to (please circle) Mr Ivan Bhaskar collecting and storing my health information:

Signature: _____ Date: ____/____/____

Name: (Please Print) _____

REFERRAL SOURCE

- How did you hear about us?** Referred by Doctor: ☐ GP or ☐ Specialist _____
- ☐ Our Website ☐ or Royal Australian College of Surgeons (RACS) website
- ☐ Google ☐ Yellow Pages ☐ White Pages ☐ Personal recommendation: _____
- ☐ Other: _____

All Appointments, Enquiries & Correspondence:

[FORM LAST UPDATED MARCH 14, 2022]