

Mr David J. Morgan
M.B.B.S, F.R.A.C.S
Plastic & Reconstructive Surgeon
Member of The Australian Society of Plastic Surgeons

PATIENT REGISTRATION SHEET

Dr/Mr/Mrs/Ms/Miss: _____ Surname: _____

First Name: _____

Address: _____ Post Code: _____

Home Tel: _____ Mobile: _____ Email: _____

Date of Birth: _____ Age: _____ Occupation: _____

Next of Kin: _____ Relationship: _____ Contact No.: _____

Referring Doctor: _____

Address: _____ Telephone: _____

Local Doctor: _____

Address: _____ Telephone: _____

Medicare No: _____ **Ref. No:** ____ (Number next to your name)

Do you have current Private Health Insurance: Yes/No (Please circle)

If yes: Name of Fund: _____ **Membership No.:** _____

If you have a current pension/healthcare card please complete the following details:

Pension Card Number: _____ **Expiry Date:** __/__/__

Health Care Card Number: _____ **Expiry Date:** __/__/__

DVA/VX Card Number: _____ (Please Circle) Gold/White/Red

Current Health Problems: _____

Current Medications (including Aspirin or other blood thinners):

Herbal/Complementary Therapies: _____

Allergies: _____

If your visit is related to a workplace or motor vehicle accident, please provide the following details:

Date of Accident: _____ **Claim Number:** _____

Contact Person/Billing Address: _____ **Telephone:** _____

Signed: _____ **Date:** __/__/__

Please turn over...

FEES POLICY:

Other than for cosmetic procedures, the fees charged in Mr. Morgan's practice are between the schedule fee (set by the Australian Government) and the fees recommended by the AMA (Australian Medical Association), and reflect the cost of running a specialist surgical practice. As such, there will always be a gap payment. Consultations and procedures performed for purely cosmetic indications for which there is no Government item number will also have the 10% GST applied. It is our practice to fully inform you of all costs prior to undertaking any procedure.

PRIVACY OBLIGATIONS:

The Commonwealth *Privacy Act 1988* and the Victorian *Health Records Act 2001* now apply to all personal and medical information collected by Mr. Morgan. This information is collected in order to advise and treat you, or your dependent, appropriately and may be shared with other medical practitioners involved in your, or your dependents, care. The referring doctor is usually informed of your treatment and progress in writing.

All notes made, pathology and medical imaging results obtained, and any medical photographs taken are also considered part of your medical record and, along with your personal information, are filed and kept private and secure.

Medical photographs are often taken to help with treatment planning and follow-up, and may be used for auditing results or for teaching purposes within the medical profession.

Occasionally, pre- and post-operative medical photographs are used to provide information to prospective patients in order to help them make an informed decision about their treatment. You will be asked for permission to use your photographs in this manner. Photographs would not be used in any form of publication without prior express written consent.

Certain information in your medical record may be released to other persons or agencies if required by law under the *Acts*.

You may apply for a copy of your medical record at any time, although an administration fee will apply.

I have read and understood the above fees policy and privacy statement. I consent to the use of my medical record as described. I agree to pay the costs, as discussed pre-operatively, of all consultations and surgical procedures performed.

Signed: _____ **Date:** ____/____/____

How Did You Find Out About Mr. David Morgan at Renew Plastic Surgery?

Referrals: (*please circle*) GP/Specialist Referral Friend Website Other _____