

**DR RICHARD HARRIES - Plastic & Reconstructive Surgeon  
New Patient Form/Update Details Form**

Title:..... First Name:..... Surname:.....

Preferred First Name if different to above (known as): .....

(If under 18 years of age please add parent/guardian name & DOB on the below line )

POSTAL Address: ..... Suburb:..... Postcode: .....

Date of Birth: \_\_ / \_\_ / \_\_ Home number: ..... Mobile:.....

Occupation: ..... Email address: .....

Medicare No: \_ \_ \_ \_ \_ Ref Number (number next to your name):\_ Expiry Date: \_ \_ / \_ \_

Usual GP/ local doctor name, clinic and suburb:.....

Do you have private HOSPITAL cover?  Yes  No (I am Self funded / Uninsured)

Health Fund:..... Member No: ..... Excess amount:.....

Do you hold a Veterans Affairs Card?  Yes \_ \_ \_ \_ \_ Gold / White .....  No

Do you hold an AGE pension card?  Yes \_ \_ \_ \_ \_ Exp: \_ \_ / \_ \_ / \_ \_

Is this a Workcover / Third Party claim:  Yes  No

Employer Name/Address/ Insurer:..... Claim No: .....

**Medical History**

**Do you have any ongoing health problems?**  
PLEASE WRITE BELOW (if details are on your referral check and write "see referral")

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•	•

**Do you take any regular medications?**  
PLEASE WRITE NAMES BELOW (if details are on your referral check and write "see referral")

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•	•

**Do you take any regular blood thinning medicines?**  
PLEASE TICK/COMPLETE BELOW

Warfarin <input type="checkbox"/> Yes <input type="checkbox"/> No	Other anti-inflammatories Yes <input type="checkbox"/> No
Aspirin <input type="checkbox"/> Yes <input type="checkbox"/> No	(such as fish oil/krill oil etc) Names:

<b>Do you smoke?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many per day?:	<b>Are you diabetic?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> IDDM <input type="checkbox"/> NIDDM	<b>Do you have any allergies to medicines or sticking plasters?</b> • • •
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**COVID-19 are you fully vaccinated:**  Yes  No

I acknowledge that I have read the information on the back of this page regarding this practice and its fee structure.

Signed: ..... Date \_\_\_\_ / \_\_\_\_ / 2021

## Consultation Fees

Standard fee for new referral or new patient	\$200.00	<b>Medicare Rebate 76.15</b>
Long consultation/cosmetic consultation fee for new referral or new patient	\$220.00	
<u>Aged pensioners</u> standard fee new referral or new patient	\$110.00	
Secondary consult / review / 6> weeks post surgery fee	\$100.00	<b>Medicare Rebate 38.25</b>
<u>Aged pensioners</u> secondary consult / review / 6> weeks post surgery fee	\$50.00	

- Your privacy is important to us and we will at all times endeavour to protect your privacy in compliance with legislations. To ensure quality and continuity of your care we may need to provide some of your personal and medical information to other health care providers.
- Mr Harries may take pre-operative and post-operative photographs. These photographs remain his personal property and may be used for patient information, teaching, medical presentations and/or publications. I provide my consent for these photographs.
- Patients who see Mr Harries in his private rooms but have surgery performed at The Queen Elizabeth Hospital should be aware that their procedure may be performed by training registrars, under Mr Harries or associated specialists supervision.
- I understand that payment of my account is due in full on the day and I am responsible for any further costs that may incur for not paying my account in full.
- Local procedures in the rooms may attract a gap of up to \$300.
- Local procedures for aged pensioners in the rooms may attract a gap of up to \$150.
- **A valid referral is required at the time of consultation at all times.**