

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: __ / __ / __

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 on referral check if correct and write "see referral")

Do you take any regular medications?

PLEASE WRITE NAMES BELOW (if details on referral check if correct and write "see referral")

Do you take any regular blood thinning medicines?

PLEASE TICK/COMPLETE BELOW

Warfarin <input type="checkbox"/> Yes <input type="checkbox"/> No	Apixaban <input type="checkbox"/> Yes <input type="checkbox"/> No
Aspirin <input type="checkbox"/> Yes <input type="checkbox"/> No	Xarelto/Rivaroxaban <input type="checkbox"/> Yes <input type="checkbox"/> No
Krill oil <input type="checkbox"/> Yes <input type="checkbox"/> No	Eliquis <input type="checkbox"/> Yes <input type="checkbox"/> No
Fish oil <input type="checkbox"/> Yes <input type="checkbox"/> No	Other blood thinner <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____

Do you smoke? Yes No

If so, how many per day?:

Are you diabetic? Yes No

If Yes: IDDM NIDDM

Do you have any allergies to medicines or sticking plasters?

Yes No please list below

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

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

Signed: Date ____ / ____ / 2023

Consultation Fees *
AS OF 1/1/2023*

Standard fee for new referral or new patient	\$230.00	Medicare Rebate 78.05
Long consultation/cosmetic consultation fee for new referral or new patient	\$250.00	
<u>Aged pensioners</u> standard fee new referral or new patient	\$150.00	
Secondary consult / review / 6> weeks post surgery fee	\$100.00	Medicare Rebate 39.25
<u>Aged pensioners</u> secondary consult / review / 6> weeks post surgery fee	\$70.00	

- **A valid referral is required at the time of consultation at all times. A GP referral valid for 12 months and a specialist referral is valid for 3 months.**
- 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.
- 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.
- For hospital admissions please contact your health fund following your consult to ensure you are covered for the item numbers.
- Local procedures in the rooms may attract a gap of up to \$500.
- Local procedures for aged pensioners in the rooms may attract a gap of up to \$250.
- Patients who see Dr 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 Dr Harries or associated specialists supervision.
- Dr 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.
- Quotes for cosmetic/major surgery may take up to two weeks to be provided to you after your consultation.

**PLEASE COMPLETE AND SEND TO EITHER OUR
EMAIL ADMIN@DRRICHARDHARRIES.COM.AU
FAX 82392349**

**POST IT TO DR RICHARD HARRIES
89 STRANGWAYS TCE NORTH ADELAIDE SA 5006**

PRIOR TO YOUR APPOINTMENT IF POSSIBLE OTHERWISE BRING IT WITH YOU FULLY COMPLETED PRIOR ON THE DAY

Consulting at

Calvary North Adelaide Hospital
89 Strangways Terrace
North Adelaide

Salisbury Family Care
Saints Shopping Centre
Shop 19/83 Saints Rd
Salisbury Plain SA 5109

Western Hospital
168 Cudmore Terrace
Henley Beach

Walleroo Hospital
1 Ernest Terrace
Walleroo