



PATIENT DETAILS

Title: Mr Mrs Miss Ms Master Dr Other: _____
First name: _____ Surname: _____
Preferred name: _____ Occupation: _____
Address: _____ Postcode: _____
Email address: _____ Date of Birth ____ / ____ / ____
Phone: (H) _____ (M) _____

NEXT OF KIN / EMERGENCY CONTACT DETAILS

Name: _____ Relationship: _____ Phone: _____
Account holder (for patients under 18 years of age)
Account holder's name: _____ Date of Birth: ____ / ____ / ____

PATIENT MEMBERSHIP DETAILS

Medicare number: _____ Ref no. _____ Expiry Date: ____ / ____ / ____
Do you have Private Health insurance? No Yes Health Fund: _____
Membership number: _____ Fund Tier: Basic Bronze Silver Gold
Do you hold an Age Pension card? No Yes Pension No. _____ Expiry: ____ / ____ / ____
Department of Veterans Affairs card? No Yes DVA No. _____ Colour: White Gold

WORKCOVER / INSURANCE CLAIM

Is this a visit regarding a WorkCover / third party claim? No Yes If yes, please complete below
Employer name (for WorkCover claims): _____
Insurer name: _____ Claim no. _____

MEDICAL INFORMATION

Do you have any allergies or reactions to Medications or Ointments? No Yes If yes, please list: _____
Do you have any allergies or reactions to Plasters / Tapes / Latex? No Yes If yes, please list: _____
Do you live with diabetes? No Yes If yes, do you require insulin? No Yes
Please list other notable medical conditions (e.g., asthma, high blood pressure, heart attack, angina, epilepsy, blood clots) listed on referral

Are you currently taking any blood thinning medications? No Yes If yes, please indicate medications taken:
 Apixaban Aspirin Eliquis Fish oil Krill oil Plavix Warfarin Xarelto (Rivaroxaban)
Please list other blood thinning medications taken: _____
Are you a smoker? No Yes If yes, how many per day? _____
Usual GP: _____ Clinic/ Suburb: _____

SIGNATURE

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

Signed: _____ Date: ____ / ____ / ____

Please turn over for fee information ⇨

FEE STRUCTURE

	Fee	Medicare Rebate
STANDARD FEES		
New Patients or New Referrals (15-minute appointment)	\$230	\$84.15
New Patients or New Referrals (30-minute appointment)	\$250	\$84.15
Subsequent Consults / Reviews (10-minute appointment)	\$110	\$42.30
AGED PENSIONER FEES		
New Patients or New Referrals (15-minute appointment)	\$150	\$84.15
Subsequent Consults / Reviews (10-minute appointment)	\$70	\$42.30

ADDITIONAL PRACTICE INFORMATION

A valid referral is required at the time of consultation at all times. A GP referral is valid for 12 months and a specialist referral is valid for 3 months.

I understand that payment of my account in full is due on the day of the consultation and I am responsible for any further costs that may incur for not paying my account in full.

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.

In hospital surgical procedures will usually attract a gap. The fee for any surgical procedure will be discussed with you during your consultation. For in hospital surgery, please contact your health fund following your consultation to ensure you are covered for the item numbers indicated on your quote. Failure to check this preoperatively may result in you incurring additional out-of-pocket expenses, this is particularly important if you have Basic or Bronze level health cover.

This practice does not utilise No Gap health fund claim schemes for in hospital surgical procedures. This includes the Medigap claim schemes used by NIB and partner providers (e.g., AAMI, APIA, Australian Seniors, GU Health No Gap scheme, Honeysuckle, IMAN, ING, Priceline, QANTAS, Real Insurance, Suncorp, TAL, United Healthcare Global). Patients in these health funds will be required to pay quoted surgical fees in full before surgery. Following your surgery, we will submit a claim to your health fund on your behalf and you will be paid the rebate from your health fund. Gaps will usually apply.

Local anaesthetic procedures in the rooms will usually attract a gap. The fee for any local anaesthetic procedure will be discussed with you during your consultation.

Patients who see Dr Harries in his private rooms but are then referred to The Queen Elizabeth Hospital to have their surgery should be aware that their procedure may be performed by training registrars, under Dr Harries or associated specialists' supervision.

Six weeks of routine post-operative aftercare is included in your surgical fee. Beyond this period, you will be charged the subsequent consult fee as indicated above.

Dr Harries may take pre- and post-operative photographs. These photographs are stored on a secure system. These photographs may be used for your medical record and/or for teaching/education purposes. I provide my consent for these photographs.

If possible, please complete and return this form prior to your appointment otherwise bring it with you completed on the day of your appointment.

To return your completed form either:

EMAIL: admin@drrichardharries.com.au

FAX: (08) 8239 2349

POST: Dr Richard Harries, c/- Calvary North Adelaide Hospital, 89 Strangways Tce, North Adelaide SA 5006

We consult at the following locations:

Calvary North Adelaide Hospital
89 Strangways Terrace
North Adelaide SA 5006

Western Hospital
168 Cudmore Terrace
Henley Beach SA 5022

Walleroo Hospital
1 Ernest Terrace
Walleroo SA 5556