

**DR RICHARD HARRIES - Plastic & Reconstructive Surgeon
PATIENT DETAIL RECORD**

Please circle your title **Dr/Mr/Mrs/Ms/Miss/Mast.**

First Name/s: **Surname:**.....

Preferred First Name if different to above:

(If under 18 years of age please add billing below details)

Parent/Guardian Name & DOB:.....

POSTAL Address: **Suburb:**.....

Postcode: Residential Address (if different from above)

Date of Birth: **Home number:** **Mobile:**.....

Occupation: **Email address:**

Medicare No: _ _ _ _ _ Reference Number (number next to your name): _ Exp.....

Do you have private HOSPITAL cover? Yes / No **Health Fund:**.....

Member No: **Excess amount:**.....

Do you hold a Veterans Affairs Card? Yes / No **Card Number:**.....

What colour is the card? Gold White (if white what is the specific condition):.....

Do you hold an AGE pension card? Yes / No **Age Pension No:** Exp.....

Local Doctor Name:..... **Clinic/Suburb:**.....

Is this a Workcover / Third Party claim: Yes / No **Employer Name & Address:**.....

Claim No: **Insurance Company:**.....

- 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.
- **A valid referral is required at the time of consultation at all times.**

Standard fee for new referral or new patient	\$185.00	Medicare Rebate
<u>Aged pensioners</u> standard fee new referral or new patient	\$100.00	76.15
Secondary consult / review / 6> weeks post surgery fee	\$100.00	Medicare Rebate
<u>Aged pensioners</u> secondary consult / review / 6> weeks post surgery fee	\$50.00	38.25

I acknowledge that I have read the information provided regarding this practice and its fee structure.

Signed: **Date** ____ / ____ / **2020**

PLEASE TURN PAGE OVER ⇒

MEDICAL HISTORY- make sure you complete all sections

1. Do you have any ongoing health problems? PLEASE WRITE PROBLEMS BELOW
(i.e. hypertension, asthma, diabetes, pacemaker, any major surgeries)

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-
-
-

2. Do you take any regular medications? IF YES PLEASE WRITE BELOW
OR IF ON REFERRAL (DOUBLE CHECK CORRECT) AND WRITE SEE REFERRAL

-
-
-
-
-
-

3. Do you take any regular blood thinning medicines? TICK BELOW

Warfarin Yes No Dose:

Aspirin Yes No Dose:

Other anti-inflammatories (such as fish oil etc)
Yes No Name:

MAKE SURE YOU CHECK WITH DR IF YOU NEED TO STOP TAKING PRIOR TO SURGERY

4. Do you smoke? Yes No

If so, how many per day?

5. Do you have any allergies to medicines or sticking plasters? IF YES PLEASE WRITE
BELOW / IF NO PLEASE WRITE NIL OR NONE BELOW

- Reaction:
- Reaction:
- Reaction: