

A/Prof Andrew Higgs

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NEW PATIENT INFORMATION FORM

Mr Mrs Miss Ms Dr Fr Sr (Please circle)

Given Names: Surname:

Address:

Phone: (H): (M):

Date of Birth: Occupation:

Email:

Next of Kin Name: Contact: Relationship:

Medicare Card Number: Reference No.....

Private Health Fund: Membership No:

Defence or Ex Serving Members: DVA Number or PM Keys No:

Insurance Claims: Workers Comp/CTP Claim Number and Case Manager Contact.....

.....

.....

SECOND OPINION: Are you seeing A/Prof Higgs for a 2nd opinion? Y N

Referring Doctor: Clinic:

Local GP: Clinic:

PHYSIOTHERAPY (if you require a copy of your correspondence to be sent to your physio)

Name: Clinic:

Telephone No:

PODIATRY (if you require a copy of your correspondence to be sent to your podiatrist)

Name: Clinic:

Telephone No:

IMAGING Have you had any X-Rays (within 6 months), MRI, Ultrasounds recently? Y N

Which radiology clinics did you get your scans done?

FOOT AND ANKLE GRIEVANCES

Left O Right O Both (If both, which one is worse?) R L

Was there an injury Y N Date of Injury:.....

How did the injury happen?

.....

.....

What symptoms do you have now?
.....
.....

MEDICAL HISTORY (In order for us to take the best possible care of you, we need your medical history to be accurate and complete).

Cancer	Y	N	Kidney Disease	Y	N
High Blood Pressure	Y	N	Diabetes	Y	N
Heart Attack or Failure	Y	N	Emphysema/COPD/Bronchitis	Y	N
Angina or Chest Pain	Y	N	Palpitations	Y	N
Asthma/ Shortness of Breath	Y	N	Bleeding Tendency	Y	N
Epilepsy or Fainting	Y	N	Heart burn/ Acid Reflux	Y	N
Blood clots / Thrombosis	Y	N	Thyroid Disease	Y	N
Stroke/ TIA	Y	N	Arthritis	Y	N

Height: Weight:

Do you smoke or vape? Y N

How much alcohol do you consume per week?

Do you have any allergies, sensitivities or intolerances? Y N

If yes:.....

Do you take anticoagulant medication? Y N

MEDICATIONS

Please list ALL medications or substances you are currently taking (e.g. blood thinners, contraception pills, and herbal remedies)

Medication/ Substance Name	Dose	Frequency
.....		
.....		
.....		
.....		
.....		
.....		

CONSULTATION RATES

Initial Consult \$350	Medicare Rebate \$86.15
Follow up Consult \$200	Medicare Rebate \$43.35
Follow up Telehealth Consults \$200	Medicare Rebate \$43.35

The above details are true to the best of my knowledge and permission is hereby given to release medical details to my local doctor, and other providers that the patient agrees to be referred to such as physiotherapists and podiatrists. I also give A/Prof Higgs permission to access any of my medical records that he requires. In addition, I understand that only de-identified information may be used for medical research, audit and quality improvement processes. We are committed to protecting your privacy, for a copy of our full privacy policy please ask reception.

SIGNED:Date: