Dr Andrew Higgs

MBBS MSc FRACS FAOrthA.
Orthopaedic Surgeon

PATIENT INFORMATION

Mr Mstr Mrs Miss Ms Dr Fr Sr (Please circle)

Given Names: ……………………………………………………………………………Surname: ………………………………………………………

Address: ……

Phone: (H): ………………………………………(W): ……………………………………………… (M): ……………………………………………

Date of Birth: ……………………………………………………………Occupation: ………………………………………………………………

Email Address: ………..

Referring Doctor: ……….

Local Doctor: ……………………………………………………………Address: …………………………………………………………………….

Brief description of your problem: ………

…….

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

Name: …………………………………………………………… Phone: …………………………… FAX: ……………………………………….

Address: …….

PRIVATE INSURANCE (YES/NO)

Health Fund Name: …………………………………………………………… Health Fund Number ……………………………………………………..

Medicare Card Number: ……………………………………………………………….Reference No……….Expiry Date: ………………………

Pension Number:………………………………………………Expiry Date:…………………………..DVA Number: …………………………………

WORKERS COMPENSATION DETAILS (If appropriate)

Date of Injury: …………………………………………… Claim Number: ………………………………………………………………………………

Insurance Company: ………………………………………………Case Manager:………………………………………………………………

Address: ……………………………………………………………………………………. Telephone No: ……………………………………………………..

Employer's Name. ……………………………………………………………………… Contact ……………………………………………………………….

Address: …………………………………………………………………………………… Telephone Number ………………………………………………

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 Dr 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: ……………………………………