



PRECISION
NEUROSURGERY

NEW PATIENT REGISTRATION

Please complete this form in blue or black pen only.

TITLE: PROF / DR / MR / MRS / MS / MISS (please circle)

SURNAME: **GIVEN NAMES:**

ADDRESS:

SUBURB: **STATE:** **POSTCODE:**

DOB: **AGE:** **MALE or FEMALE** (please circle)

OCCUPATION: **LEFT or RIGHT-HANDED** (please circle)

EMAIL ADDRESS:

TELEPHONE

Home: **Mobile:** **Work:**

NEXT OF KIN:

Relationship: **Telephone:**

REFERRING DOCTOR:

Address:

Telephone: **Fax:**

GP (if not referring doctor):

Address:

Telephone: **Fax:**

MEDICARE NUMBER: **Reference:** **Expiry Date:**

PRIVATE INSURANCE FUND:

Membership Number: **Level of Cover:**

VETERAN AFFAIRS: Gold / Blue / White (please circle) **VX Number:**

AGED PENSION NUMBER: **Expiry Date:**

WORK COVER INSURER:

Claim Number: Contact Person:

Telephone: Fax:

EMPLOYER:

Employer Address:

Employer's Telephone: Employer's Fax:

MAIB:

Claim Number: Contact Person:

Telephone: Fax:

PLEASE INDICATE IF YOU TAKE THE FOLLOWING MEDICATIONS: (please circle)

- 1. Aspirin YES / NO
- 2. Warfarin YES / NO
- 3. Plavix YES / NO
- 4. Clopidogril or other antiplatelet or blood thinning medications YES / NO

CURRENT MEDICATIONS YOU ARE TAKING:

NAME	DOSE	FREQUENCY
1.
2.
3.
4.
5.
6.
7.
8.

PLEASE INDICATE IF YOU TAKE THE FOLLOWING HERBAL SUPPLEMENTS/REMEDIES: (please circle)

- | | | | |
|--------------------|----------|-----------------|----------|
| 1. Chamomile | YES / NO | 5. Garlic | YES / NO |
| 2. Feverfew | YES / NO | 6. Ginger | YES / NO |
| 3. St. John's Wort | YES / NO | 7. Ginko Biloba | YES / NO |
| 4. Ginseng | YES / NO | | |

PLEASE LIST ANY ALLERGIES YOU HAVE:

.....

.....

PLEASE INDICATE IF YOU SUFFER / HAVE HAD ANY OF THE FOLLOWING MEDICAL CONDITIONS: (please circle)

- | | | | |
|------------------------|------------------|-----------------|------------------------|
| 1. High Blood Pressure | 4. Heart Attack | 7. Angina | 10. Asthma |
| 2. Open Heart Surgery | 5. Cardiac Stent | 8. Stroke / TIA | 11. Diabetes |
| 3. Chronic Infection | 6. Migraines | 9. DVT / PE | 12. Notifiable Disease |

Other:

PLEASE LIST ANY PREVIOUS SURGERY:

DATE	SURGERY	SURGEON	COMPLICATIONS
1.
2.
3.
4.
5.

PLEASE LIST ALL OTHER DOCTORS YOU ARE SEEING:

NAME	LOCATION	PHONE NUMBER	SPECIALITY
			EG: GP, Neurology, Osteopath, Chiropractor, etc...
1.
2.
3.
4.
5.

MRI SAFETY CHECK

PLEASE INDICATE IF YOU HAVE:

- 1. Done any welding, grinding or sheet metal work YES / NO
- 2. A cardiac pacemaker or defibrillator YES / NO
- 3. A bionic ear / cochlear implant YES / NO
- 4. A brain / cerebral aneurysm clip YES / NO
- 5. Any metallic surgical implant or foreign bodies YES / NO
- 6. A spinal cord or deep brain stimulation device YES / NO
- 7. Peripheral nerve stimulation device YES / NO
- 8. History of metal fragments in the eye, head or body YES / NO
- 9. Shrapnel or gunshot wounds YES / NO
- 10. Shunt (spinal or ventricular) YES / NO
- 11. Claustrophobia YES / NO

PRECISION NEUROSURGERY CONSULTING FEES
PATIENTS ARE REQUIRED TO PAY ON THE DAY

Privately Insured Patients

Initial Consultation	Charge	Rebate	Review Consultation	Charge	Rebate
Item no. 6007	\$270.00	Medicare rebate \$101.80	Item no. 6009	\$140.00	Level 1 - Medicare rebate \$33.75
Item no. 2801 (Pain Management)	\$270.00	Medicare rebate \$188.55	Item no. 2806 (Pain Management)	\$140.00	Level 1 - Medicare rebate \$59.30
	\$170.00	Aged Pension Only	Item no. 6011	\$160.00	Level 2 - Medicare rebate \$67.20
			Item no. 6013	\$190.00	Level 3 - Medicare rebate \$93.10
			Item no. 6015	\$230.00	Level 4 - Medicare rebate \$118.55
				\$110.00	Aged Pension Only

Please note the amount charged for review consultations depends upon the duration and complexity of your time with the doctor.

Workcover Patients

If you have a claim number and other insurance details with you at the time of your consult, your account will be sent directly to workcover. Otherwise the above fees apply and you will need to submit your receipt to workcover so that they can reimburse you.

Veteran Affairs Patients

Only Gold and Blue card holders are fully covered for consultation costs. You will need to bring your card with you to the appointment so your account can be sent directly to the Department of Veteran Affairs. White card holders are not covered for consultation fees unless prior approval has been given.

*We accept all major credit cards, eftpos, cash and cheque payments.
 All fees are current as at 1st January 2009*

I understand that payment of my account is my responsibility and that my health fund / medicare / insurer may not cover the total amount invoiced. I am responsible for any further costs that might be incurred resulting from my not paying my account, in full, by the due date.

I have read and acknowledge the fee payment schedule.

I understand that details of my medical condition(s) may be revealed to other medical and paramedical practitioners, for the purpose of optimising my treatment.

I give permission for information relating to my medical condition(s) and treatment to be used for research and audit purposes. When this is done, I understand that my identity will be protected.

SIGNED:

DATE: