

Adelaide Plastic Surgery Associates

Patient Information

SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

SUBURB: _____ POST CODE: _____ DATE OF BIRTH: _____

PHONE: HM _____ WK _____ MOB _____

OCCUPATION: _____ (optional) **The number next to your name**

Medicare Number _____ Ref No _____ Expiry Date ____/____

Private Health Insurance	Fund name _____	Membership number: _____
Aged Pensioner?	Yes/No	Pension number: _____
DVA card / Gold card?	Yes/No	SX number: _____

Is this a Workcover claim?	Yes/No	Claim number: _____
If yes, Name and Address of employer: _____		
Authorised Person to contact: _____		Phone Number _____
If a workcover/3 rd party claim does not proceed you, the patient , will be responsible for full payment of this account		

Local Doctor _____

Financially Responsible Name and address of person responsible for payment (if patient under the age of 18)

D.O.B. _____

Allergies
Are you allergic to any drugs, food, sticking plasters or other substances? _____

Please supply your email address if you are happy to receive information/newsletters from us

EMAIL ADDRESS _____

FEE STRUCTURE

<u>Non-Cosmetic Consultation</u> Initial consultation is \$150.00 Follow up consultation is \$70.00	<u>Cosmetic Consultation</u> Initial consultation is \$150.00 Follow up consultation is \$80.00	<u>Aged Pensioner Consultation</u> Initial consultation is \$90.00 Follow up consultation is \$50.00
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All fees are payable in full on the day of consultation (we do not accept health cards)

Privacy
Adelaide Plastic Surgery Associates is bound by the Privacy Act 1988 and the National Privacy Principles and deals with personal information in accordance with such principles.
For further information regarding your privacy and your rights to your medical information please see our website www.apsa.com.au

How did you hear about Adelaide Plastic Surgery Associates? _____

Clinical photographs are routinely needed to assist us in your treatment. These are only kept in your personal notes and are never used for any other reason. Please discuss with your surgeon any questions you may have about this.

From time to time it is necessary for us to share your clinical details with other relevant practitioners. Please discuss with your surgeon any questions you may have about this

If surgery is necessary as a result of consultation(s), **I accept responsibility to find out all aspects of that surgery, including risks, possible complications and fees incurred before agreeing to any procedures.**

I also agree that any expenses, costs or disbursements incurred by the practice in recovering any outstanding monies including debt collection fees or solicitors costs shall be paid by myself.

SIGNED: _____

DATE: _____