



# Adelaide Plastic Surgery

Staff use only:

- AJ  AP  PS  JY
- JR  NM  TE
- Nurse  Inject  H/Therapy

Entered: \_\_\_\_\_ Scanned: \_\_\_\_\_

**Please complete this form in preparation for your consultation**

## Personal Details

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Do you allow us to send SMS / leave a message regarding your appointments?  Yes  No

Email address: \_\_\_\_\_

Are you happy to receive information / newsletters from us via email?  Yes  No

Next of kin: (optional) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No: \_\_\_\_\_

## Memberships

Medicare Number: \_\_\_\_\_ Ref No: \_\_\_\_\_ (# next to your name) Expiry Date: \_\_\_\_\_ / \_\_\_\_\_

**\*IF Under 18 please provide Medicare details of Parent/Guardian below:**

Parent/Guardian Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Ref No: \_\_\_\_\_

Do you have Private health insurance?  Yes  No – (I am Self funded / Uninsured)

Health Fund: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Does your cover include:  Hospital Cover  Extras  Unknown

Do you hold an Age Pension Card?  Yes  No Membership Number: \_\_\_\_\_ (Age pension only)

Department of Veterans Affairs card?  Yes  No DVA number: \_\_\_\_\_ Colour:  White  Gold

## Workcover

Is this a workcover claim?  Yes  No If Yes; please complete below:

Date of Injury: \_\_\_\_\_ Authorised person to contact: \_\_\_\_\_

Employer name: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Do you have a claim number?  Yes  No Number if known: \_\_\_\_\_

\* Please note: If a workcover / 3<sup>rd</sup> party claim does not proceed, you, **the patient** will be responsible for full payment of this account

## Medical Conditions

Do you have any allergies / sensitivities?  Yes  No Please list: \_\_\_\_\_

Are you diabetic?  Yes  No If Yes:  Type 1  Type 2

## Other

Local / Usual General Practitioner: \_\_\_\_\_ Clinic: \_\_\_\_\_

How did you hear about APS?

Radio  Google  Referral  Family/Friend  SA Life  Social Media

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing above you acknowledge you have had the opportunity to view the fees (over page) and privacy policy and rights and responsibility

Please Turn Over for fee structure →



## Fee Structure

### **Plastic and Reconstructive Surgeons:**

Dr Amy Jeeves, Dr Anthony Porter, Dr Jennifer Roy, Dr Nicholas Marshall, Dr Peter Sylaidis, Dr Tim Edwards, Dr Jia Miin Yip

#### Medical Consultations

Initial consultation	\$180.00
Follow up consultation	\$90.00
Age pensioner initial consultation	\$100.00
Age pensioner follow up consultation	\$60.00

A valid referral is required to claim your rebate from Medicare  
If no referral is obtained, you will not be eligible for a Medicare rebate.

#### Cosmetic Consultations

Initial consultation	\$200.00
Follow up consultation	\$100.00

No referral is required for cosmetic consultations.

**6 weeks of routine aftercare post operatively is included in your surgical fee (unless excluded by Medicare)  
Outside of this period, your surgeon may charge a follow up fee as outlined above.**

**All fees are payable in full on the day of consultation.  
Additional fees will apply if you need an appointment with the Hand Therapist.**

### **Hand Therapist Consultations:**

Initial Consultation – Short	\$98.00
Review	\$85.00
Initial Consultation – Long	\$130.00
Review	\$110.00

### **Nurse Consultations:**

Consultations for tattoo removal and laser rejuvenation

Initial Consultation with nurse Complimentary

Treatment costs will be discussed with you prior to any treatment taking place.

### **Injecting Consultations:**

Consultations with Intradermal Practitioners Complimentary

Treatment costs will be discussed with you prior to any treatment taking place.