



# Adelaide Plastic Surgery

Staff use only:  
AJ AP JR NM BF  
PS TE DC JMY  
Nurse Inject H/Therapy  
**Entered: Scanned:**

Please complete this form in preparation for your consultation

## Personal Details

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Pref Name: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ 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: \_\_\_\_\_

## CONSENT - USE OF CLINICAL PHOTOGRAPHS/VIDEOS

All clinical images are stored on a secure system and can only be accessed by clinical staff.

I give my permission for Adelaide Plastic Surgery to use my clinical imaging for the purposes of:

- Medical record ONLY  Education  To be shown to prospective patients in consultations with one of our Specialists Plastic Surgeons

## Memberships

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

### IF UNDER 18 YEARS PLEASE PROVIDE MEDICARE DETAILS OF PARENTS/ 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 / third 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: \_\_\_\_\_

Medications: \_\_\_\_\_

Do you live with diabetes?  YES  NO If YES:  Type 1  Type 2

## Other

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

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

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

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, Dr Douglas Copson

### **Medical Consultations:**

Initial consultation	\$200.00	Medicare rebate: \$80.85
Long initial consultation	\$300.00	Medicare rebate: \$80.85
Follow up consultation	\$110.00	Medicare rebate: \$40.65
Age pensioner initial consultation	\$120.00	Medicare rebate: \$80.85
Age pensioner follow up consultation	\$80.00	Medicare rebate: \$40.65

A valid referral is required to claim your rebate from Medicare.

### **Cosmetic Consultations:**

Initial consultation	\$300.00	No rebate
Follow up consultation	\$120.00	No rebate

A valid referral is required.

**6 weeks of routine after 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.**

### **General Surgeon and Surgical Oncologist:**

A/Prof Beverley Fosh

Initial consultation	\$300.00	Medicare rebate: \$80.85
Follow up consultation	\$120.00	Medicare rebate: \$40.65

A valid referral is required to claim your rebate from Medicare.

Your account will then be lodged electronically to Medicare for your Medicare rebate.

**All fees are payable in full on the day of consultation.**

**Please note we do not accept health care cards.**

### **Hand Therapist Consultations:**

Initial consultation - Short	\$120.00
Review	\$90.00
Initial consultation - Long	\$150.00
Review	\$120.00

### **Nurse Consultations:**

Consultations for tattoo removal and laser rejuvenation will be quoted at the consult.

Initial Consultation with nurse Complimentary

### **Injecting Consultations:**

Consultations with Intradermal Practitioners Complimentary

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