Patient Information Sheet for Dr Danielle Wadley – Orthopaedic Surgeon

First Name: _____ Surname: _____

D.O.B: _____ / _____ / _____ Email: _____

Residential Address: _____

Postal Address: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Medicare Number: _____ Ref: _____ Expiry: _____

Private Health Fund: _____ Membership No.: _____

Pension CRN Number: _____ Expiry: _____

ADF Personnel: Rank:_____ Reg/Unit:_____ PM Keys:_____

DVA White Card No: _____ or Gold Card No: _____ Expiry: _____

Occupation: _____ Employer/Company: _____

Workers Compensation Claim No. (if applicable): _____

Insurance Company: _____Date of Injury:_____ Case Manager: _____

Usual GP Name & Address: _____

Next of Kin: _____ Mobile: _____

Allergies: _____

1.	Are you allergic to latex?	YES / NO
2.	Do you have a history of heart disease or high blood pressure?	YES / NO
3.	Are you a diabetic?	YES / NO
4.	Do you take Aspirin or blood thinning medication e.g. Warfarin or Plavix?	YES / NO
5.	Do you have a history of malignant hyperthermia?	YES / NO
6.	Do you have a history of blood clots?	YES / NO

FINANCIAL INFORMATION – Initial Consultation $200.00 – Review Consultation $110.00
Deviation to the above fees may occur e.g. Second opinions, medico legal and multiple injuries subject to the Doctors discretion. Other fees apply for Work Cover and Third Party. Other fees may be incurred for management, plaster casts, boots, injections, splints etc.

CONSENT

I _____ (Patient or Legal Guardian's Name) have read and understand the above. I agree that payment of the account in full is my responsibility.
I consent to the disclosure to Medical/Specialist Practitioners, Allied Health Practitioners and institutions that may require information about my medical history, but only to the extent necessary to access/treat the particular condition that I have consulted the Specialist Practitioner about. I understand I can retract this consent at any time and to do this must do so in writing. I understand that I will be responsible for and agree to pay all Nautilus Orthopaedics accounts and will indemnify and keep indemnified Nautilus Orthopaedics from all costs, commission, fees, charges and expenses including, but not limited to solicitors costs and debt collection charges incurred by Nautilus Orthopaedics in the recovery of overdue monies.

I have read and understood these terms and conditions.

Signature: _____ Date: _____