McDarra Orthopaedics

Dr Jason McDarra
ORTHOPAEDIC SURGEON
MBBS (UQ), FRACS Ortho, FAOrthA, CIME, B.Bus
Provider No: 253382VY

Patient Registration Form

As a courtesy to Dr McDarra and other patients, please turn your mobile to silent and refrain from using it during your consultation

MR / MRS / MS / MISS / MST / DR (Please circle) GIVEN NAME/S:.....Preferred Name:.....

SURNAME:..... Date of Birth: __ __ / __ __ /__ __

RESIDENTIAL ADDRESS:.....

POSTAL ADDRESS (if different):.....

PHONE – HOME:..... WORK:..... MOBILE:.....

EMAIL:.....

EMERGENCY CONTACT: Name:..... Relationship:..... PH:.....

MEDICARE NUMBER: __ __ __ __ __ __ __ __ __ __ Reference No: __ Expiry: __ __ / __ __
(reference number is the number in front of your name on the card)

PRIVATE HEALTH FUND:..... MEMBER NUMBER:.....
Have you been a member of this health fund for less than one year? YES / NO (Please circle)

VETERANS' AFFAIRS NUMBER:..... AUSTRALIAN DEFENCE FORCE - PMK: __ __ __ __ __ __ __

REFERRING DOCTOR:..... GP (if different):.....

ALLERGIES:.....

IF PATIENT IS A MINOR (Under 18) Parent/Guardian's Full Name:.....

Date of Birth: __ __ / __ __ /__ __ Medicare Number: __ __ __ __ __ __ __ __ __ __ Reference No: __

WORKCOVER OR INSURANCE CLAIM Date of Injury: __ __/ __ __/__ __ Type of Injury:.....

Employer Name & Address:.....

Claim Number:..... Insurance Company:.....

*Private Health Insurance **does not** cover the cost of consultation in these rooms. However, a Medicare rebate is available.*

Please turn over to read and sign the Privacy Consent

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PRIVACY and CONSENT

Australian law gives you certain privacy rights in relation to information that you give to this medical practice. We need your consent to collect personal information about you. The fact that you have come here implies that you consent to us knowing about your health situation. The information we may ask you to give us is personal, but not having it will restrict our capacity to provide you with the standard of medical care that you expect.

Please read carefully the following information about privacy issues then sign this form where indicated below.

The reason we collect information from you is so we can assess, diagnose and treat your illness properly and be pro-active in your health care. We may also use the information you provide in the following ways:

- Administration of this medical practice.
- Billing, including compliance with Medicare and H.I.C requirements.
- Disclosure to others involved in your health care, including doctors and specialists outside this practice who may become involved in treating you. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.
- Disclosure to others for medical defence purposes if necessary.
- Disclosure to other doctors (Registrars) attached to the practice for the purpose of patient care.
- Disclosure for quality assurance and research activities to improve individual and community health care and practice management. You will be informed when such activities are being conducted. You may decline to have any involvement.

Patient / Guardian Acknowledgment:

I have read this form and understand why collecting information about me is necessary.

I understand I am not obliged to provide any information requested of me, but that failure to provide this medical practice with all the information it needs may restrict the ability of this practice to provide the quality of health care and treatment that I want.

I am aware that I have the right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.

I consent to the handling of my information by this practice for the purposes set out above, subject to any limitations on access or disclosure about which I notify this practice now or at any future time.

I acknowledge that I have read this form before signing it and that a member of staff of this practice has at my request clarified any aspects of it that I did not at first understand.

Signed:..... Date: __ __ /__ __ /__ __ __ __