Orthoclinic
Orthopaedic Clinic Sydney

NEW PATIENT REGISTRATION

Please complete all relevant fields

Title: (Dr Mr Mrs Ms Miss Master) Other: _____

First Names: _____ Surname: _____

Date of Birth: _____ Email: _____

Address: _____ Suburb: _____ Postcode: _____

Postal Address: _____ Suburb: _____ Postcode: _____

(If different)

Phone (H): _____ (W): _____ (M): _____

Next of Kin: _____ Relationship: _____ Phone:_____

We automatically send out an SMS reminder for future appointments. If you do not want to receive a SMS reminder, please tick this box

Occupation: _____ Person Responsible for Fees: _____

Medicare No: _____ Individual Ref No: _____ Exp: _____ / _____

Veteran Affairs No: _____ Exp: _____ / _____ Gold / White: _____

Aged Pension No: _____ Exp: _____ / _____ Seniors Card: _____

Private Health Fund: _____ Member No: _____

Referring Doctor: _____

Doctors Address: _____

Family Doctor: _____ Phone: _____

Doctors Address: _____

Physiotherapist: _____ Phone: _____

Physios Address: _____

Has another Orthopaedic opinion been sought? Y / N (please circle) If Yes Doctors Name:_____

How did you hear about Dr Jonathan Herald? _____

Permission to Collect and Store Information and Account Information

I confirm that I understand and carefully answered all the above questions and agree to the collection and storage of information. I authorise Dr Herald to release medical information to the Referring Doctor / Insurance Company / Solicitor or any other persons nominated by me. I allow my medical information to be used for research purposes. Settlement of your account on day of consultation is required. Any overdue consultation/surgical account of 30 days will be given to a collection agency (with your contact and account details) and will attract a 20% service fee of the outstanding amount plus GST.

Signed: _____ Date: _____

If this consultation is to be paid through Workers Compensation, Third Party or Medicolegal, you must complete a **Workers Compensation / Third Party form** or fees are payable on the day. Thank you.

Orthoclinic – Orthopaedic Clinic Sydney • Suite 118, Level 1, 4 Hyde Parade, Campbelltown NSW 2560
Telephone: 02 9233 3946 • Fax: 02 9009 0663

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GENERAL ASSESSMENT SHEET

Please list and date any previous operations or hospitalisations you have had:

_____
_____
_____

Please list and date any previous or current medical problems:

_____
_____
_____

List your current medications and dosages:

_____
_____
_____

List any allergies:

_____
_____

If you smoke, how much do you smoke per day and how long have you been smoking for?

_____

If you drink alcohol, how much do you drink per day?

_____

• Are you on the oral contraception pill?	Yes	No
• Have you ever had a blood clot?	Yes	No
• Did you have any complications from anesthesia?	Yes	No
• Do you have diabetes?	Yes	No
• Do you have any infectious diseases?	Yes	No

OPT OUT

All patients receive Dr Herald's quarterly joint health patient updates free of charge.
If you do not wish to receive please tick box below.

I do not wish to receive Dr Herald's complimentary patient update e-newsletter ☐

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