

**PATIENT INFORMATION:**

**Salutation:**

**First Name:**

**Surname:**

**DOB:**

**Street Address:**

**Suburb:**

**Postcode:**

**Telephone: M**

**W**

**H**

**Gender Identity: Male**

**Female**

**Other**

**Email Address:**

**Do you identify as Aboriginal or Torres Strait Islander?**

**Religion:**

**General Practitioner:**

**GP Phone:**

**GP Address:**

**Private Health Fund (Hospital Cover):**

**Member No:**

**Medicare no:**

**Ref no:**

**Exp date:**

**DVA No (if applicable)**

**Gold Card**

**White Card**

**EMERGENCY CONTACT / NEXT OF KIN**

**Name:**

**Relationship:**

**Ph:**

**Do you have any previous illness or medical condition we need to be aware of (tick below)?**

High blood pressure

Angina

Diabetes:

Type 1

Bleeding tendency

Stomach Ulcer

or Type 2

Hepatitis

Asthma

Currently pregnant

Deep vein thrombosis

HIV

Heart valve surgery

Taking Blood Thinners:

Other – provide relevant details below

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**Do you have any Allergies?** Yes No Please List Below

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**Are you taking any medications?** Yes No Please List Below

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**COVID 19 VACCINATION STATUS:**

**NB: Vaccination status evidence required on presenting for appointments.**

## PRIVACY AND FINANCIAL CONSENT

**Consultation Fees** (full payment required on the day unless arrangements made otherwise)

**Initial Consultation \$ 200.00 (rebate - \$76.80)    Review Consultation \$100.00 (rebate \$38.60)**

### Financial Consent

I understand that medical expenses incurred as a result of consultation with Dr Nicholas Rieger/Dr Anthony Ciccocioppo are my responsibility. If requested I will pay my account in full and take full responsibility for claiming costs from the appropriate health fund. Full payment for consultations required on the day, gap fees for operations and procedures are payable 7 days prior to surgery by Visa/Mastercard, cash or cheque. The gap payment you will have to pay (the out-of-pocket expense) will depend on the magnitude of the surgical procedure performed. Please be aware that should intra-operative events necessitate a change in the planned procedure, the gap payment may need to be adjusted accordingly. If it becomes necessary to use a debt collection agency to recover monies owed by the undersigned charges associated with said collection are also the responsibility of the undersigned.

### Privacy Policy

Information about your medical and family health history is needed to provide adequate medical diagnoses and appropriate treatment medical care requires that each member of your medical team have full knowledge of your health information. To ensure the quality and continuity of your health care your health information may be communicated to or requested from other health care providers. For billing and medical rebate purposes information is provided to account administrators including Medicare, Private Health Funds, Hospitals, Anaesthetists and Assistant Surgeons. This practice will endeavour to protect your privacy in compliance with privacy legislation and our privacy policy.

### Consent

I give my consent to Dr Nicholas Rieger/Dr Anthony Ciccocioppo and staff to collect, use and disclose my personal health information for the purpose of providing the highest quality and continuity of health care in the expectation that this will be implemented as far as practicable in accordance with the privacy legislation and the privacy policy of this practice. In order to arrange operations, tests or other medical appointments we need to provide information to other health care providers.

**Patient Name:**

**Date:**

By Submitting this form you agree to the terms specified herewith and understand the data will be held in your clinical record.