

# Dr Radek P Kindl

MBBS, FRACS (Orth), FAOrthA

Orthopaedic and Spine Surgeon

## Patient Registration Form

### Your Details

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: H/W/Mob: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel. Mobile (preferred): \_\_\_\_\_

### Referral and Interested Parties

Referring Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

General Practitioner (If not referrer): \_\_\_\_\_

Address: \_\_\_\_\_

Physiotherapist: \_\_\_\_\_

Address: \_\_\_\_\_

### Medicare and health fund details

Medicare No: \_\_\_\_\_ Patient Ref \_\_\_\_\_

Exp: \_\_\_\_\_

Do you have Private Health Ins: Yes / No

Health Fund: \_\_\_\_\_ M'Ship No: \_\_\_\_\_

Pension/Health Care Card Number (if applicable): \_\_\_\_\_

Exp:

Veterans' Affairs Number (if applicable): \_\_\_\_\_

TAC/Workcover claim no (If Applicable): \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Workcover Insurance Company: \_\_\_\_\_

Employer Name/Address/Tel. no.: \_\_\_\_\_

\_\_\_\_\_

## MEDICAL HISTORY

- **Previous Orthopaedic problems Yes / No**

If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

- **Do you have any medical problems – Diabetes/ Asthma/ High blood pressure/ Heart Disease? Yes / No**

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- **Are you taking Warfarin or any other blood thinning agent? Yes / No**
- **Please list any medications you are currently taking:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### ***How did you come to be referred to Dr Radek Kindl:***

*Referral from General Practitioner or Specialist:*

*Recommendation from physio or other:*

*Recommendation from a friend:*

*Information from Website:*

### **Notice regarding fees**

***Consultation fees are above the Schedule Fee. Initial Consultation - \$250.00 and Review - \$150.00. Discount applies to Pensioners. All accounts are payable at the time of consultation.***

***I acknowledge that my referral is my responsibility and may need to be updated from time to time.***

***I have read the above and agree to abide by the payment terms of this practice.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_