Ozorthopaedics
Dr. Ikram Nizam
Orthopaedic Surgeon | Hip & Knee Specialist

Patient Registration Form

Ozorthopaedics Main Rooms 1356 High Street, Malvern VIC 3144 **Provider Number** 239537JT

Please answer all sections All information given is confidential

Title | First name | Preferred name

Surname | D.O.B | Marital status

Sex | Occupation

Address

Suburb | State | Post code

Phone | Mobile | Email

Medicare No. | Ref No. | EXP

Health fund | Membership No. | Date Joined

Referring doctor | Address

Family doctor | Address

Pensioner card No. | DVA No. | EXP

Emergency Contact:

Name | Relationship | Mobile

Workcover Only Must be provided prior to treatment

Accepted claim (Yes / No)

Employer name

Address

Insurer name

Claim No. | Date of Injury

TAC Only Must be provided prior to treatment

Place of injury

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Claim No.

Has the excess been paid? (Yes / No)

Were the police notified? (Yes / No)

Medical History. Please answer all questions. Have you ever had any of the following

High blood pressure	YES / NO	Bleeding Tendency	YES / NO	Blood clots / Thrombosis	YES / NO
Hearing trouble	YES / NO	Rheumatic Fever	YES / NO	Epilepsy	YES / NO
Insertion of pacemaker	YES / NO	Blood Disease	YES / NO	Asthma	YES / NO
Kidney disease	YES / NO	Hepatitis	YES / NO		
Diabetes	YES / NO	Lung Disease	YES / NO		

Are you allergic to any medicines or tapes?
YES ☐ NO ☐ Details:

Details of current medications:

Have you ever been given cortisone tablets / injections?
YES ☐ NO ☐ Details:

Are you pregnant?
YES ☐ NO ☐ Possibility ☐

Have you ever suffered any serious illness in the past?
YES ☐ NO ☐ Details:

Have you been tested for HIV Antigen?
YES ☐ NO ☐ If yes, Positive ☐ Negative ☐

Details of past operations:

Do you smoke?
YES ☐ NO ☐ How many per day?

Patients please note

Initial consultation $250, Pensioners $200, Work Cover/TAC/Uninsured $300. Payment is expected at the time of consultation. From time to time, we are required to obtain information from a third party, i.e pathology, GP or specialist.

Privacy legislation information: I consent to OzOrthopaedics collecting, holding, using and disclosing my personal information (including health information and other sensitive information) for the purpose of my health management. This signature acts as a consent to request information on your behalf, as acceptance to our billing and privacy policies.

Signed | Date