Patient Information Sheet

PERTH ORTHOPAEDIC & SPORTS MEDICINE CENTRE
31 Outram Street, West Perth WA 6005 | Tel: +61 8 9212 4200 | Fax: +61 8 9212 4264

Your Practitioner (please tick):

☐ **Dr Keith Holt**	☐ **Dr Peter Annear**	☐ **Dr Antony Liddell**	☐ **Dr David Wysocki**
☐ **Dr Greg Witherow**	☐ **Dr Greg Hogan**	☐ **Dr Ross Radic**	☐ **Prof Richard Carey Smith**
☐ **Dr Greg Janes**	☐ **Dr Jens Buelow**	☐ **Dr Travis Falconer**	☐ **Dr Daniel Meyerkort**

Patient Details

Dr Mr Master Mrs Miss Ms (Please Circle)

First name: .... Surname: ....

Date of birth: .... Occupation: ....

Address: ....

....

Suburb: .... Postcode: ....

Phone – home: .... Phone – mobile: ....

Email – personal: ....

Medicare No: .... Ref: .... Expiry: ....

Do you have private health insurance? Yes No Name of fund: ....

Does this include hospital cover? Yes No Member number: ....

Are you within waiting periods? Yes No

Dept Vet Affairs card no.: .... Gold White Card

Do you have any allergies? ....

If under 16 years old please provide name of guardian/payee: ....

Medicare No: .... Ref: .... Expiry: ....

Emergency Contact / Next of Kin Details

Next of kin: .... Relationship: ....

Phone – home: .... Phone – mobile: ....

Referral Details

Referring doctor: .... Clinic name: ....

Usual doctor (GP): .... Clinic name: ....

When & where were your last X-rays / MRI? ....

How did you hear about us? ....

I provide my consent for my surgeon to collect, use and disclose my personal information as required by the Privacy Act 1988 and my consent for my surgeon to collect, use, transfer and store clinical images for the purposes of my clinical care and education (including x-rays, intraoperative images and clinical images). I also provide authorisation for my surgeon, the Practitioner to claim the rebate amount of my consultation direct from Medicare, should my account remain unpaid.

Signature: .... **Date:** ....

THIS SIDE ONLY APPLIES TO WORKERS COMPENSATION & MOTOR VEHICLE ACCIDENT CLAIMS

FOR WORKERS COMPENSATION INJURY

Name of employer: ....

Employer's address: ....

Contact name: .... Contact number: ....

Name of insurance: .... Accident date: ....

Case manager name: .... Case manager number: ....

Case manager email: .... Claim number: ....

Should this be a new injury and you do not know these details, please check with your employer and telephone your surgeon's rooms with this information as soon as possible. Otherwise the account may be forwarded to you. If your claim is not accepted by the insurance company, you will be liable for any invoices raised in the course of your treatment.

FOR MOTOR VEHICLE ACCIDENT INJURY

Date of accident/Injury: .... Claim number: ....

Did your accident happen in WA? Yes No

PLEASE NOTE, if your claim is not accepted by the insurance company, you will be liable for any invoices raised during the course of your treatment.

Mr Keith Holt
MBBS FRACS (Ortho), FAOrthA
Provider Number: 047836CK
P: 08 9212 4200 I F: 08 9212 4264
marion@perthortho.com.au
claire@perthortho.com.au

Mr Peter Annear
MBBS FRACS (Ortho)
Provider Number: 001639AF
P: 08 9212 4200 I F: 08 9212 4264
karen@perthortho.com.au
sylvia@perthortho.com.au

Mr Antony Liddell
MBBS FRACS (Ortho), FAOrthA
Provider Number: 247289RX
P: 08 9212 4200 I F: 08 9212 4264
antony.liddell@perthortho.com.au

Mr David Wysocki
MBBS FRACS (Ortho)
Provider Number: 252431HH
P: 08 9212 4223 I F: 08 9200 5013
paula@perthortho.com.au

Mr Greg Witherow
MBBS FRACS (Ortho)
Provider Number: 030070BH
P: 08 9212 4200 I F: 08 9212 4264
micheleg@perthortho.com.au

Mr Greg Hogan
MBBS FRACS (Ortho)
Provider Number: 095153CB
P: 08 9212 4200 I F: 08 9212 4264
jen@perthortho.com.au

Mr Ross Radic
MBBS FRACS (Ortho) FAOrthA
Provider Number: 4805756J
P: 08 9212 4292 I F: 08 9212 4264
admin@drrossradic.com.au

Prof Richard Carey Smith
BSc (Hons), MBBS, MRCS (Eng),
FRCS (Tr&Orth),
FRACS (Ortho), FAOrthA
Provider Number: 409947JX
info@richardcareysmith.com.au
P: 08 9212 4200 I F: 08 9481 5724

Greg Janes
MBBS FRACS (Ortho)
Provider Number: 002076BT
P: 08 9212 4200 I F: 08 9212 4264
chiara@perthortho.com.au

Mr Jens-Ulrich Buelow
MD FRACS (Ortho)
Provider Number: 2182716W
P: 08 9212 4200 I F: 08 9212 4264
linda@perthortho.com.au
Lee@perthortho.com.au

Mr Travis Falconer
MBBS (Hons) FRACS (Ortho)
FAOrthA
Provider Number: 272650LW
P: 08 9212 4200 I F: 08 9212 4264
falconeradmin@perthortho.com.au

Mr Daniel Meyerkort
MBBS FRACS (Ortho), FAOrthA
Provider Number: 531175LK
P: 08 9212 4200 I F: 08 9212 4264
meyerkortadmin@perthortho.com.au