**DR SIMON P COFFEY – ORTHOPAEDIC SURGEON M.B.B.S.(Hons) F.R.A.C.S.(Orth) F.A.O.A.**

Mr Mrs Miss Ms Other

First Name______________________ Initial _______Surname ______________________

Address_______________________________________________________P.Code______

Height: ___________________ Weight:____________________

Email address______________________________________________________________

Date of Birth___________________ Occupation __________________________________

Phone Home __________________ Work ________________Mobile _________________

Next of Kin ______________________Relationship _______________Phone __________

Medicare or DVA No ______________________Ref no _______Expiry date ___________

Age or disability Pension No ___________________________________________________

Private Health Ins ___________________Membership No _______________Ref no______

General Practitioner (if not referring Doctor) _______________________________________

Other interested doctors_______________________________________________________

Current Medications____________________________________________________________

Allergies___________________________________________________________________

Correspondence will usually be sent to the referring doctor, your general practitioner, physiotherapist & if necessary any other interested doctor. Are you agreeable to this? **YES / NO**

**For Workers Compensation or 3rd Party cases only:**

Employer _____________________________________________Phone ______________
Insurer _____________________ Claim No _________________ Date of injury_________
Address ______________________________________________Post Code___________
Case Manager ______________________Phone ____________________Fax _________

**Privacy Statement:**
As a patient of Dr Simon Coffey's, a medical record containing personal information will be maintained throughout your treatment. These records will contain information including but not exclusive to, your name, address, date of birth, Medicare number and your referring doctor's details. During the period of assessment and ongoing management, information of relevance is recorded in clinical notes. These records are stored securely and may be kept for up to seven years following your last consultation. If necessary, for the continuity of your medical care, this information may be shared with other health practitioners involved in your treatment. In certain circumstances there may be a legal obligation to disclose clinical information.

Settlement of your account on the day of consultation is requested. Any overdue surgical account over 2mths may be given to a collection agency (with your contact and account details) and will attract a 20% service fee plus GST unless prior arrangements have been made with this office.

I accept responsibility for my accounts and agree to the above financial conditions.

**SIGNED**_________________________________________________**DATE**________________