

Dr DAVID G MORGAN
M.B. B.S. (Qld), F.R.A.C.S. (Orth), F.A. (Orth)
ORTHOPAEDIC SURGEON
Provider No: 181613K
ABN No: 96 407 030 203

****** PLEASE HAND TO THE RECEPTIONIST ******



Referral Letter



Pension/Health Care Card



Medicare Card



Health Fund Card



Veteran Affairs' Card

PATIENT DETAILS

SURNAME:

GIVEN NAMES:..... **Preferred Name:**.....

TITLE: Mr Mrs Miss Ms Other

Address:
.....

Telephone No: (H).....(W).....(Mobile).....

Date of Birth:

Health Fund:

ACCOUNT DETAILS:- Responsibility for Account

SELF
 PARENT / GUARDIAN

WORKCOVER **THIRD PARTY**

Accident Date: **Claim No:**

Employer:

VETERAN AFFAIRS – Please hand your card to the receptionist

Payment is preferred on the day of consultation. However, **ACCOUNTS** that are outstanding **OVER 7 DAYS**, an accounting fee of 30% of total account outstanding will be incurred, unless a prior arrangement has been made in writing. I understand and agree to these account procedures.

I DO / consent to the disclosure of information to allied health personnel (GP, Physiotherapist, etc) for the primary purpose of ongoing health care and treatment. ALL DETAILS PROVIDED ARE PROTECTED BY THE PRIVACY ACT AND OUR PRIVACY POLICY IS DISPLAYED FOR YOUR INFORMATION.

.....
PATIENT / GUARDIAN SIGNATURE

.....
DATE

PATIENT HISTORY

To assist Dr Morgan, could you please complete the following questions?
This information is necessary to ensure quality care and treatment.

✓ Do you or have you ever suffered with (PLEASE TICK):

- Heart problems
- Heart surgery
- Circulation problems
- History of bleeding
- Blood pressure
- Breathing difficulties
- Headaches or migraines
- Epilepsy, fits or seizures
- Thyroid problems
- Heartburn/reflux/indigestion/ulcers
- Bladder or kidney problems
- Bowel problems

- Liver problems / Hepatitis (A, B or C)
- HIV / AIDS

- Stroke:**
Date
- Any residual problems:.....
.....
- Diabetes:**
Type 1
Type 2
Unsure

- Managed by: Insulin Diet
 Tablets
- Cancer:**
Site:.....

MEDICATIONS:

(prescribed / over the counter/ health supplements)

Have you taken recently:

- Blood thinning medication
- Warfarin
- Arthritis medication
- Steroids or cortisone

ALLERGIES (Please list any allergies to medications, food, rubber, etc)

.....
.....

Have you ever been hospitalised? Yes No
PLEASE SPECIFY

.....
.....
.....
.....