

Dr Beverley Fosh – Patient Information
General Surgeon & Surgical Oncology

TITLE: _____ SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

SUBURB: _____ POST CODE: _____ DATE OF BIRTH: _____

PHONE: HM _____ WK _____ MOB _____

OCCUPATION: _____ (optional) **The number next to your name**

MEDICARE NUMBER _____ REF NO _____ EXPIRY DATE ____/____/____

Private Health Insurance	Fund name _____	Membership number: _____
Aged Pensioner ?	Yes/No _____	Pension number: _____
DVA card ?	Yes/No Colour: _____	SX number: _____

LOCAL DOCTOR _____

FINANCIALLY RESPONSIBLE:

Name and address of person responsible for payment (if patient under 18 years of age)

_____ D.O.B. _____

Please supply your email address if you are happy to receive information/newsletters from us

EMAIL ADDRESS _____

How did you hear about Adelaide Plastic Surgery? _____

NEXT OF KIN _____ PHONE _____

CURRENT MEDICATIONS _____

ALLERGIES _____

SMOKING HISTORY _____

ALCOHOL HISTORY _____

FEE STRUCTURE

Initial consultation is \$180.00 (Medicare rebate is \$72.75)

Follow-up consultation is \$90.00 (Medicare rebate is \$36.55)

All fees are payable in full on the day of consultation (we do not accept health cards)

Privacy

Adelaide Plastic Surgery is bound by the Privacy Act 1988 and the National Privacy Principles and deals with personal information in accordance with such principles.

For further information regarding your privacy and your rights to your medical information please see our website www.apsa.com.au

Clinical photographs are routinely needed to assist us in your treatment. These are only kept in your personal notes and are never used for any other reason. Please discuss with your surgeon any questions you may have about this.

From time to time it is necessary for us to share your clinical details with other relevant practitioners. Please discuss with your surgeon any questions you may have about this.

If surgery is necessary as a result of consultation(s), I accept responsibility to find out all aspects of that surgery, including risks, possible complications and fees incurred before agreeing to any procedures. I also agree that any expenses, costs or disbursements incurred by the practice in recovering any outstanding monies including debt collection fees or solicitors costs shall be paid by myself.

6 weeks of routine aftercare post operatively is included in your surgical fee (unless excluded by Medicare)

SIGNED: _____

DATE: _____