

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>Private Health Insurance</b>	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](http://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: \_\_\_\_\_