

History of Smoking: Never smoked Ex-smoker yrs Current smoker: yrs amount/day

Alcohol consumption (units/wk):

Are you **pregnant?** Yes No N/A

Height: cm **Weight:** kg

Medications / Drugs

Prescription medication: Steroids Contraceptive Pill HRT

Anti-coagulants (blood thinners):

- Aspirin Warfarin Heparin / Clexane Clopidogrel / Plavix
- Dipyridamol /Asasantin Rivaroxaban / Xarelto Thrombin inhibitors (Dibigatran)

Other:

Over-the-counter (incl. herbal & vitamins):

Recreational drugs:

Allergies (incl. medications, tapes, lotions, latex, and dressings):

Reason(s) for consultation and expectations:

How did you become aware of our services? Please indicate:

- Referral Google Review Internet search Word of mouth. Who can we thank?
- Instagram Facebook LinkedIn Realself Other:

Agreement and signature

Privacy agreement - In order to comply with the Privacy Laws (Privacy Act Amendments – Private Sector – Act 2000) your agreement to the following statement is required:

I agree to allow Dr Richardson access to all relevant information regarding my medical conditions. I understand that Dr Richardson may be required to forward information about my medical condition or history to other health care providers. I understand that to provide the highest medical care, my clinical records may be accessed or reviewed by staff in this practice.

Use of email – I agree to the use of my email address for correspondence relating to Queens Parade Specialists including marketing material. Queens Parade Specialists will not provide these details to third parties and I can unsubscribe at any time.

Photograph policy – All patients have before and after photos taken which are kept with your records. On some occasions, Dr Richardson will use these photos, with reasonable identity protection, for educational or marketing purposes. If you would prefer your photos not to be used in this way, please tick this box to OPT OUT .

Account policy – Accounts are to be settled on the day of consultation. EFTPOS, Visa and MasterCard credit facilities are available. Personal cheques are not accepted. Accounts not settled on the same day will incur additional administrative charges. Radiology, pathology, and allied health services incur separate fees for which the provider will bill you. An estimate of the surgical fees for a procedure will be provided to you before surgery. I understand that if I proceed with a surgical procedure that all payments are required 14 days before the operation or the surgery will be cancelled. In some circumstances where additional procedures may be required and will incur additional fees. Dr Richardson may elect to bulk bill these additional items as an alternative to increasing your fee. Where relevant, you will be charged separate fees for hand therapy, anaesthetic services, hospitalisation and surgical assistance; the full details are available from the provider(s) of these services. **Workcover and TAC patients** are responsible for paying the full cost of consultations and will be required to seek reimbursement from Workcover or TAC directly. Please note that it is your responsibility to ensure that you have a valid referral for your consultations, and to establish with your health fund or Medicare your eligibility for any cover for item numbers and procedures. Medicare will only reimburse a rebate with a valid referral. General Practitioner referrals are valid for 12-months and Specialist referrals are valid for 3-months. Please notify us if you would like to view our full privacy policy.

I have read and understand these terms and conditions.

Signed (or please type your name): **Date:**

Please return your completed form via email to reception@jeremyrichardson.com.au or bring it to your consultation.