

Ravi Mahajani
MBBS FRACS
Plastic and Reconstructive surgeon
Surgery of the hand

Patient Registration Form

First Name _____ Surname _____ DOB _____

Email address: _____

Phone (Mobile) _____ (home) _____ (work) _____

Postal address: _____

Residential address: _____

Family or Referring Doctor: _____

Medicare number: _____ Reference Number _____

Health fund: Private ☐ _____ Member Number _____

The excess on your health fund for admission to hospital (if known) \$ _____

ADF ☐ _____ Rank _____ PMKeys _____

Workers compensation ☐ Insurer _____ Employer _____

Claim number _____

Veterans affairs ☐ _____ Number _____

Other ☐ _____

Medical Questionnaire (please tick ONLY if you suffer from any of the below)

Heart problems ☐ High blood pressure ☐ Diabetes ☐ Cancer ☐

Poor wound healing ☐ Hepatitis A, B, or C ☐ HIV ☐ Bleeding disorder ☐

Do you smoke ☐ if yes how many per day _____

Have you been admitted to hospital for any reason or had an operation please list below

1. Year _____ Reason _____

2. Year _____ Reason _____

3. Year _____ Reason _____

Other information we need to know _____

Please list any medications that you take 1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Do you have any allergies if yes, state these _____

Privacy Policy – All information collected and held about you in this practice is held in strict confidence and will not be released without your written consent and permission. The National Privacy legislation allows certain exceptions to this, e.g. for medical, legal, medical insurance and public health purposes.

Fees and Charges – Please note the fees and charges are higher than the Medicare schedule for all services. This means you will not be refunded in full. Please ask the administration for fee enquiries. All services are to be paid in full before the service as directed by the practice. We will advise you in relation to our fees only. We do not govern the fees and charges of others involved in your care. **This is not a bulk billing practice.**

Financial consent for patient. **There is a fee for all aspects of the practice. Some of your fees are sent to your health fund. There is an additional fee that relates to your peri operative care. This is not rebateable from the health fund.** This is only applicable to private health funds as these have not matched the AMA fees which are generally endorsed by the practice. It does not apply to ADF, workers compensation and motor accident patients. The practice administration will explain the fees and charges to you

I have read and understood the terms above and consent to agree and comply with the fees and charges for my medical treatment based on the above and thus accepting personal responsibility for all accounts incurred : Signature _____ Date _____

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