Dr Stuart Myers - MyHand.com.au

Patient Registration Form

(Please circle one)

Mr Mrs Ms Miss Dr Other _____

First Names

Family Name:

Address

Date of Birth

Home Phone

Work Phone

Mobile

Email

Medicare MC Number Ref

Health Fund

Member No.

DVA #

Ref Dr:

Usual GP:

Physio

If patient is a child:

Parent's Name

Parent's DOB

Parent's MC Ref No.

Emergency Contact:

Name

Phone

Signature: _____ Date:

Worker's Compensation & Third Party

Date of Injury

Insurance Company

Claim Number

Address

Suburb State NSW PCode

Case Manager

Telephone

Email

Employer

I understand that if the claim is declined I must pay the consultation fees.

Previous Investigations

Xrays & Scans Where?

Other - List

Blood tests / Pathology?

Consent

Permission is given for Dr Stuart Myers to ask about and document your medical history and to perform an appropriate orthopaedic examination pertaining to your clinical history and medical condition.

If appropriate he may administer a Cortisone injection if your condition warrants it.

Permission is given to release the Medical History to the Family Doctor, Insurance Company or Solicitor (where applicable).
All details given on this information Sheet will be kept in strictest confidence.
Doctor may use some of your details for the purpose of audit/or medical research.

Photographs

I give my consent to Dr Myers to take photographs if required, prior to, during and after surgery for the purpose of my medical records.
I give permission for these photographs to be used for teaching and educational purposes.
I give permission for these photographs to be shown to other patients. I understand that I will not be identified in these photographs.

Please indicate your consent to the above by signing this form: