

PATIENT INFORMATION SHEET - PAUL JARRETT

Please fill in as much information as possible

First name _____ Surname _____

Date of birth ____ / ____ / ____ Your occupation _____

Address _____

Medicare Number _____ Reference ____ Expiry ____ / ____

Private insurance fund _____ No _____

PCEHR number (if you have one) _____ Can we access your PCEHR Yes No

Home telephone number _____ Yes No

Work telephone number _____ Yes No

Mobile telephone number _____ Yes No

E-mail address _____

Referring Doctor _____

General practitioner (if not Dr who referred you) _____

Veteran Affairs number (if appropriate) _____

Next of kin name _____ Next of kin relationship to you _____

Next of kin telephone number _____



Are you covered by WORK RELATED INSURANCE (WorkCover) for your condition?

If **YES**, please complete section below:

Employers Full name and Address _____

Insurance company _____ Claim no _____ Date of injury ____ / ____ / ____

Are you covered by an approved claim for a MOTOR VEHICLE related injury by ICWA?

If **YES**, please complete section below: Claim no _____

Date of injury ____ / ____ / ____

Please fill in as much information as possible
(tick boxes as required)

PLEASE TURN OVER

PATIENT INFORMATION SHEET - PAUL JARRETT

1) Are you: Right handed Left handed Ambidextrous

2) Are you taking blood thinning medication including the following ?

Clopydigrol (Plavix) Warfarin Aspirin Dabigatran (Pradaxa) Rivaroxaban

Other _____

3) Current Medications (including over the counter)

4) **Do you have any Allergies:** Yes No

If yes, what are you allergic to ? _____

5) Current and previous medical conditions (please tick relevant boxes)

Heart attack Angina High blood pressure Stroke

Asthma Lung problems Anaesthetic problems Diabetes

Deep venous thrombosis (DVT) Pulmonary embolism Blood clots

Others _____

6) Previous operations Gastric banding Other bariatric / obesity surgery

7) Have you been an in-patient in hospital outside of WA in last 12 months? YES NO

8) Any additional medical information you feel is important ?

9) Do you smoke cigarettes? YES NO

FINANCIAL INFORMATION SHEET - PAUL JARRETT

We aim to provide a high quality value for money service in a transparent financial manner. This text aims to assist you identify the costs that may be involved as all medical costs incurred in the private healthcare sector are ultimately your responsibility. If you are in doubt, you should always check with your insurer to work out if, and for how much you are covered for medical services so that you can decide if you can afford the treatment involved. At times medical fees including mine will be greater than the rebate provided by Medicare or your insurer and in this case you will be required to pay the difference between the rebated amount and the medical fees (this difference is known as a “gap”).

Workcover / Insurance Commission of Western Australia (MVI) / Veteran's Affairs

I accept payment from these organisations for your treatment including clinic fees and surgical fees. The same should apply to hospital fees and usually fees with other health providers although if in doubt you should check with other providers.

Late cancellation or late attendance fees however are not covered by the above organisations and are your responsibility. The costs of x-rays and medical imaging are normally fully covered.

Out-patient clinic appointments (for each new referral / problem)

- \$175 for a first appointment or \$ 200 if you were referred from a Emergency Department or if you have a fracture
- \$100 second / subsequent appointments • **\$ 70 for an injection (in addition to the appointment fee)**

The above fees will be charged for appointments that you do not attend or are cancelled within 24 hours of the appointment time. If you are late for an appointment, we cannot guarantee that Mr Jarrett will be able to see you and the above fees will still apply. Please note that Workcover and MVI insurers do not cover cancellation or late attendance fees which are your responsibility. Medicare will not contribute to any portion of a non-attendance fee and you will be liable for the full clinic fee if you do not attend. If we enlist the assistance of a debt collector to recover fees, a 10% surcharged will be applicable to cover the collectors costs.

In our combined clinic with the Hand Therapists you will receive a bill both from Mr Jarrett and from the Hand Therapists separately. Health insurance funds do not provide any rebate for my clinic appointments however a proportion of your clinic fee can be re-imbursed by Medicare. A portion of the hand therapy fee may be reimbursed by your health insurance.

Your first clinic appointment following an operation is included for free and at times some other appointments for the follow-up after surgical treatment of a fracture may be included.

Surgical procedures

For some operations, I charge a gap payable for your surgery, and we would be grateful if this could be paid pre-operatively.

If a gap for a surgical procedure is payable, I or my staff will inform you prior to your operation and can provide a written quotation. If the procedure turns out to be considerably less or more involved than originally anticipated the actual gap may be different from the quoted gap; this is uncommon.

Anaesthetists - most of my anaesthetists do not charge a gap for HBF members but often charge a gap for patients with other insurers excluding Workcover, MVI or Veteran's Affairs insured patients. We can let you know who your anaesthetist will be and you can check if a gap will apply (this is especially important for out of hours procedures).

Surgical assistants – my surgical assistant doctors will not charge you a gap and will usually bill your insurer directly.

Implants – during operations implants such as plates, joint replacements or suture anchors may be required. Nearly all such items are fully covered by your insurer but if you are an uninsured patient these implants will be charged to you.

Miscellaneous

Other doctors – occasionally whilst in hospital it will become necessary to ask other medical practitioners to be involved in your care. These doctors set their own fees and they should let you know if a gap is payable.

Therapy - hand therapy or physiotherapy may be an important part of your treatment and if required I can arrange this for you. For privately insured patients often your insurance will cover a portion of these fees but there is usually a gap.

I have a financial interest in the Hand and Upper Limb Centre. I am happy for you to be treated by the hand therapists of your choosing and you do not have to be treated by any individual hand therapy group.

Orthotists – sometimes in the clinic or after operations, splints or casts will be required and these are provided by hand therapists or orthotists who will charge a fee. For most insured patients a gap will apply.

Medical imaging – you may require x-rays, ultrasounds, CT scans, MRI scans or other imaging techniques. The radiology clinics can provide you with details of the associated costs. In particular, x-rays at SKG Murdoch and MRI scans usually generate a gap for non-workcover / MVI patients. X-rays, ultrasounds and CT scans at some radiology clinics are bulked billed to Medicare and if requested my secretaries can give you details of bulk billing practices. During some operations, especially for fractures or dislocation, x-rays are taken and you may be charged a gap by the radiology company.

Forms – I am willing to assist you with the completion of insurance forms although I will request a fee for this service.

INFORMATION CONSENT SHEET -PAUL JARRETT

PRIVACY LEGISLATION

The Privacy Act 1988 requires medical practitioners to obtain consent from patients in order to collect, use and disclose patient's personal information. Please read this form and sign the statement of consent.

INFORMATION COLLECTION

We will collect information from you and sometimes from other medical practitioners and health care providers. My practice staff and I will participate in the collection of this information. Information collected includes a medical history, social history and billing details. Some images from operations or if photographed in the clinic may be maintained in your notes.

INFORMATION USE AND DISCLOSURE

Your records and personal information are considered strictly confidential. Therefore we require your consent to use your information to undertake the following:

- communicate with your referring doctor and general practitioner
- refer you to other medical practitioners / health care practitioners as required
- referral for radiology tests or blood tests
- management of our practice e.g billing, notification of insurers & employers
- audit and research within our practice
- when legally required to do so

If you are a workcover or motor vehicle insured patient we will send copies of some relevant communications to your insurance company or employer.

All of the information obtained will be treated confidentially. Any research data or presentation that utilised patient information or images will not include any information that could in any way identify individual patients.

ACCESS

You may request a copy of your medical records, although a charge to cover the costs of this may be required.

CONSENT

I provide my consent for Mr Paul Jarrett and his staff to collect, use and disclose my personal information as outlined above. I understand I may withdraw my consent to use and disclose my personal information, except when legal obligations must be met. Also, I have read and acknowledge the financial information page overleaf.

Your name _____

Signed _____ Date _____