

Adelaide Professional Podiatry

MEDICAL INFORMATION SHEET

Medical HQ
Athelstone Shopping Centre
320 Gorge Road
Athelstone SA 5076
Ph: 8336 7333
Provider No. 2124567W

Medical HQ
Level 1
127 Glynburn Road
Glynde SA 5070
Ph: 8337 1200
Provider No. 2124569T

Angela Tsimiklis
B.App.Sc.Pod., M.A.Pod.A.
Accredited Podiatrist

SURNAME _____ Miss/Ms/Mrs/Mr/Master
GIVEN NAMES _____
PREFERRED NAME _____
ADDRESS _____

TELEPHONE:HOME _____ postcode _____
MOBILE _____ WORK _____

DATE OF BIRTH _____ OCCUPATION _____
REFERRED BY: Doctor, Specialist, Physiotherapist, Chiropractor, Sporting Club, Yellow pages, Family, Friend (please circle)

NAME OF REFERRER: _____
NAME OF DOCTOR: _____

MEDICARE NO. _____ Expiry date: _____

PENSION: YES / NO If YES, number _____

PRIVATE PATIENTS:

Are you covered by a private health fund for EXTRAS? YES / NO

If YES which health fund? _____

REPATRIATION PATIENTS:

Are you covered by Veterans' Affairs? YES / NO DVA FILE NO. _____

WORKCOVER / THIRD PARTY PATIENTS:

Is this treatment covered by Workcover / Vehicle Accident Claim ? YES / NO

Claim No. _____ Case Manager _____

Address of Insurance Company _____

DO YOU, OR HAVE YOU SUFFERED FROM:

- | | |
|--|--------------------------------|
| 1. Heart Disease.....YES/NO | 2. Blood Pressure.....YES/NO |
| 3. Lung Disease (including asthma).....YES/NO | 4. HIV positive.....YES/NO |
| 5. Vasular Disease (blood vessels).....YES/NO | 6. Hepatitis.....YES/NO |
| 7. Bleeding abnormalities.....YES/NO | 8. Delayed healing.....YES/NO |
| 9. Renal failure(kidney).....YES/NO | 10. Bad circulation.....YES/NO |
| 11. Night cramps (of feet or legs).....YES/NO | 12. Chilblains.....YES/NO |
| 13. Cold feet / Hot feet (all year).....YES/NO | 14. Diabetes.....YES/NO |

Any other health problems _____

PLEASE LIST THE MEDICATIONS THAT YOU ARE CURRENTLY TAKING.....

PLEASE LIST ALL ALLERGIES THAT YOU HAVE.....

DEED OF IRREVOCABLE AUTHORITY

TO ALL PATIENTS (PLEASE READ VERY CAREFULLY AND SIGN BELOW)

I understand that payment of my account is my responsibility (including any disputed workcover or third party claims) and all accounts must be paid within 30 days of receipt of invoice. If my account is not paid within 30 days I agree to pay all expenses incurred by you in pursuing recovery of overdue amounts including (but not limited to) : an account keeping fee of \$15.00, legal fees, administrative costs and any commission to debt recovery consultants.

I HEREBY AGREE TO THE TERMS AND CONDITIONS ABOVE.

SIGNED.....Date.....