



Welcome to Podiatry Care Gawler/Barossa Valley!

Your information will be kept private and confidential and help us to formulate the best treatment.

PATIENT INFORMATION

<p>Do you have Private Health Insurance? Company: _____ YES / NO</p>	<p>Are you seeing us with a DVA Referral? Department of Veterans Affairs) YES / NO</p>	<p>Do you have a Medicare Care Plan from your GP? YES / NO</p>	<p>Are you seeing us as a Workcover Claim? YES/NO</p>
TITLE:	FIRST NAMES:	SURNAME:	DATE OF BIRTH:
ADDRESS:			POSTCODE:
MOBILE:		HOME PHONE:	GENDER:
EMAIL ADDRESS: (important for reminders and updates)		OCCUPATION:	
NAME OF PARENT/ GUARDIAN IF CHILD UNDER 18:		EMERGENCY CONTACT NAME AND NUMBER:	
DO YOU HOLD A PENSIONER/ CONSESSION CARD? Yes / No			PROVIDE NUMBER:
DEPARTMENT OF VETERANS AFFAIRS – CARD TYPE GOLD / WHITE (If a white card please see receptionist)			NUMBER:
MEDICARE CARD DETAILS: _ _ _ _ _			IRN: _
NAME AND LOCATION OF GP:			
PLEASE TICK ANY OF THE FOLLOWING MEDICAL CONDITIONS YOU HAVE:	<input type="checkbox"/> Diabetes <input type="checkbox"/> High Blood pressure <input type="checkbox"/> Arthritis <input type="checkbox"/> Vascular disease <input type="checkbox"/> Heart condition <input type="checkbox"/> Blood clotting/ DVT <input type="checkbox"/> Poor eyesight	<input type="checkbox"/> Hearing problems <input type="checkbox"/> HIV / Hepatitis <input type="checkbox"/> Blood abnormalities <input type="checkbox"/> Back injury <input type="checkbox"/> Knee injury <input type="checkbox"/> Hip injury <input type="checkbox"/> Epilepsy	<input type="checkbox"/> Kidney Disease <input type="checkbox"/> Liver Disease <input type="checkbox"/> Asthma <input type="checkbox"/> Poor healing <input type="checkbox"/> Skin problems <input type="checkbox"/> Poor circulation <input type="checkbox"/> High Cholesterol
OTHER MEDICAL CONDITIONS: (Please specify)			
LIST ANY ACTIVE MEDICATIONS:			
ALLERGIES:			
LIST ANY SPORTS YOU UNDERTAKE:			

PLEASE TURN OVER AND COMPLETE NEXT PAGE

FOOT HISTORY (Please tick):		
<input type="checkbox"/> Athletes foot/ Tinea	<input type="checkbox"/> Cramps	<input type="checkbox"/> Headaches
<input type="checkbox"/> Bunions	<input type="checkbox"/> Discoloured nails	<input type="checkbox"/> Nail problems
<input type="checkbox"/> Callus / Thick skin	<input type="checkbox"/> Foot pain	<input type="checkbox"/> Plantar warts
<input type="checkbox"/> Corns	<input type="checkbox"/> Heel pain	<input type="checkbox"/> Reduced Sensation
<input type="checkbox"/> Difficulty cutting nails	<input type="checkbox"/> Aching legs	<input type="checkbox"/> Numbness
<input type="checkbox"/> Back pain	<input type="checkbox"/> Shin pain	<input type="checkbox"/> Swelling

HOW DID YOU HEAR ABOUT US?	<input type="checkbox"/> Doctor/ Health professional	<input type="checkbox"/> Website/ Google
	<input type="checkbox"/> White / Yellow pages	<input type="checkbox"/> Family/ Friend
	<input type="checkbox"/> Signage	<input type="checkbox"/> Other

Appointment Policy

We realise your time is precious, as is ours. We will try to contact you before your appointment if there are any delays and would like you to contact us if you are delayed so we can efficiently use our time. If you are unable to keep an appointment, please phone the clinic as soon as possible. A \$20 appointment cancellation fee may apply if 24 hours' notice is not given to the clinic. If you are more than 10 minutes late we may need to reschedule your appointment.

Payment Policy – Pay on the Day

In an effort to reduce costs and minimize any increase in our fees, we operate a “pay on the day” policy. We ask that you pay the full fee for your consultation at the reception after you have seen your podiatrist. Our strict policy is full payment by cash, cheque, credit card, EFTPOS, or HICAPS at the time of completion of treatment. DVA card holders will be billed to DVA. Workcover and NDIS will be billed to the assigned insurers or agencies with prior approval. You will be notified of any changes within our practice or any advances which ultimately affect you and your family's health. We respect your right to privacy and personal details will always remain private and confidential to this practice.

Medicare Gap

Medicare Payments are to be made on the day. New Medicare initial consult will cost \$74.60 with a rebate of \$54.60, after the initial all consults cost \$64.60 with the rebate of \$54.60. Rebates can be completed by us either straight back into your EFTPOS account or lodged with Medicare on your behalf to whatever account you have registered with Medicare.

Patient Consent to Release of Information

All patient information is considered confidential and used solely for the purpose of providing the best care, to get you moving and feeling better. Podiatry Care Gawler and Barossa Valley may have to contact some (or all) of the following people to allow successful injury recovery and payment of accounts.

Physician, Specialist, Insurance company	WorkCover and Employer (for WorkCover claims only)	Medical Imaging (x-ray reports)	Insurance adjuster and/or Lawyer (MVA claims only)
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I agree to let Podiatry Care Gawler and Barossa Valley to communicate as needed with individuals indicated above regarding my care and payment of account. I understand and accept the above policies. I hereby agree to pay all debt collection costs, in the event that my/our account falls overdue and is placed in the hands of a debt collection agency.

Name: _____ **Signed:** _____ **Date:** _____

Thank you for completing this sheet, please hand it back to the Receptionist.

Updated December 2020