

DR GAVIN NIMON

Orthopaedic Surgeon

M.B.,B.S. F.R.A.C.S.(Orth) F.R.C.S. (Ed)

Glenelg Orthopaedics 47 Broadway Glenelg South 5045

All Appointments 08 8376 9988

Surname.....First names.....
(Mr/Mrs/Miss/Ms/Mast/Dr)

Address.....
.....Postcode:.....

D.O.B.....Occupation.....

Tel No.(Home).....Business.....Mobile.....

Email address:.....

Next of Kin:.....Tel No.....

Medicare No.....Ref. No..... Expiry Date:/...../.....

Referring Doctor.....Usual GP:.....

Are you currently having treatment with a physiotherapist for your injury/condition? Yes No

If Yes, Name of Physio:

DO YOU HAVE **PRIVATE HOSPITAL COVER**? Yes No

IF YES Name of Private Health Fund:.....

Have you had HOSPITAL COVER with this fund longer than 12 months Yes No

Health Fund Membership No.....

Pension No. (AGED PENSION ONLY).....Expiry Date:/...../.....

Veteran **Gold Card** No.....Veteran **White Card** No.....

IS THIS CLAIM:

Workcover Yes No

Third Party Yes No

Public Liability Yes No

If YES, to any of the above, please state:

Date of Injury:..... and complete the following:

Employer Name:.....

Address:.....Phone No:.....

Insurance Co.....Claim no:.....

Case Manager Telephone no:.....

PTO

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Please read carefully before signing

CONSENT FOR CONSULTATION AND AGREED TREATMENT

I of
(print name) (address)

consent to consultation and mutually agreed treatment by Dr. Gavin Nimon for my

..... Injury / condition.
(part of the body to be examined)

In consenting to consultation and mutually agreed treatment, I understand that:

- A written record of history and examination relative to my condition will be recorded in the casenotes/computer records of Dr. Nimon.
- It may be necessary to share information with other Health Providers, eg (General Practitioner, Orthopaedic Colleague, Pathology, Radiology, Physio, Podiatry Services), for further investigation and treatment of my condition.
- There may be a legal request/s that cannot be refused, outside of my personal privacy rights.
- I undertake to notify Dr. Nimon of any specific information I do not wish forwarded to the above alternative Health Providers.
- I accept responsibility for the full financial settlement of my account to be paid on the day of consultation, **unless** I am covered by workcover with an accepted claim. I accept that default can result in my personal details being forwarded to a Debt Collection Agency, for pursuit of outstanding amounts, which will incur further fees to be paid by myself.

A copy of Dr. Nimon's Privacy Policy for protection of patient confidentiality is available for perusal, on request, from the Practice Manager/ Privacy Officer. Please direct any enquiries to the Practice Manager/ Privacy Officer.

Patient/Guardian/Parent Signature:Date...../...../.....

Privacy Amendment (Private Sector) Act 2000. Applicable to patients treated after 21 December 2001

Also consulting: Mawson Lakes Medical Centre