SPORTS ORTHOPAEDIC CENTRE

ISWADI DAMASENA
ORTHOPAEDIC SURGEON
MBBS(HONS) FRACS FAORTHA

SUITE 13, LEVEL 1
120 THAMES STREET
BOX HILL 3128

P 03 9895 7100
M 0421 826 109
IDAMASENA@THESPOC.COM.AU

PATIENT INFORMATION Please complete all pages and sign

Mr ○ Mrs ○ Miss ○ Ms ○ Dr ○ *(please tick)* Surname _____

Given Names _____ DOB _____

Address _____

Suburb _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Email _____

Occupation _____

Medicare card No. ☐☐☐☐☐☐☐☐☐☐ Reference No. *(Next to name)* ☐

Private Health Insurance *(Please tick)* Yes ○ No ○

Fund Name _____ Member No. _____

Pension Card No. _____ Expiry _____

Veterans Affairs Card No. _____ Colour _____ Expiry _____

Referring Doctor _____ Practice/Suburb _____

Usual GP _____ Practice/Suburb _____
(If different from Referring doctor)

Physiotherapist _____ Practice/Suburb _____

Next of kin details

Name _____ Phone _____

Relationship to patient _____

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Injury details *(If relevant)*

Injured body part (Right or left)_____

Date of Injury_____Duration of Symptoms_____

Current diagnosis_____

Treatment so far_____

Imaging details

XRAY *(which provider)*_____

MRI *(which provider)*_____

Ultrasound *(which provider)*_____

CT *(which provider)*_____

Medical History_____

_____

_____

Medications_____

_____

_____

Smoker *(Please tick)* Yes ◯ No ◯ How many years_____

Drug Allergies_____

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Complete only if workers compensation or Motor vehicle accident

Date of injury/accident_____ Type of injury_____

How did the injury occur_____

Insurance company _____ Claim no._____

Occupation_____ Employer_____

Phone_____ Address _____

Suburb_____

Name of Case officer *(if any)*_____

All patients please sign:

I, _____authorise the release of clinical information and reports relating to my condition as treated by Sports Orthopaedic Centre. In the event that my claim is rejected I accept that it is my responsibility for settling all accounts with Sports Orthopaedic Centre.

Signed_____ Date_____

Please complete this form prior to your appointment and email it back to idamasena@thespoc.com.au or alternatively print and bring along to your appointment and hand to the reception staff.