VICTORIAN ORTHOPAEDIC ASSOCIATES

Knox Private Hospital
Suite 7A
262 Mountain Hwy
Wantirna VIC 3152

phone (03) 8828 8388
fax (03) 8828 8389
email reception@voa.com.au
Healthlink voawantr

Personal Details:

First Name (as it appears on your Medicare Card): ..... Surname: .....

Title: ..... Gender: ..... Date of Birth: .....

Street Address: ..... Suburb: ..... Postcode: .....

Postal Address (if different from address above): .....

Email Address: ..... Contact Phone No (mobile preferred): .....

Medicare Card No: __ __ __ __ __ __ __ __ __ __ Ref No: (the number beside your name): __ Expiry Date: __ __/ __ __ __ __

Are you covered by the Department of Veterans Affairs? Yes / No If Yes, what is your card number: .....

Private Health Insurance Company: ..... Membership No: .....

Pension/Health Care Card No (please circle which applies): ..... Expiry Date: .....

Next of Kin or Emergency Contact Person: Name and Relationship: .....

Contact Phone No: .....

Is your visit today related to a Workcover or TAC Claim? (please circle which if appropriate). If it is please provide:

Claim Number: .....

Insurance Company handling Claim (Workcover only): .....

Please note you will need to pay for your consultation even if you have a Workcover or TAC claim number, however we still require these details for any future surgical procedures that may be required in your treatment pathway.

Referring Doctor & Other Health Provider Information:

Who referred you for your consultation: ..... Is this doctor your GP? (please circle): Yes / No

If your GP did not refer you today, who is your GP (name and address please): .....

.....

Do you see an allied health professional? Physiotherapist / Hand Therapist / Podiatrist / Other / No

If you do, please provide their name and address: (we will ensure that relevant correspondence is sent to them): .....

.....

Please list all medications you are currently taking:

....

....

....

ASSOCIATES:

Dr Theepan Balasubramaniam
MBBS, FRACS, FAOrthA, MsportsMed
ORTHOPAEDIC SURGEON
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