

Mr Daniel A. Robin



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**NEW PATIENT REGISTRATION FORM**

**TITLE:** \_\_\_\_\_ **FAMILY NAME:** \_\_\_\_\_ **GIVEN NAMES:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_ **OCCUPATION:** \_\_\_\_\_

**RESIDENTIAL ADDRESS:** \_\_\_\_\_

**WORK OR POSTAL ADDRESS:** \_\_\_\_\_

**MOBILE PHONE NUMBER:** \_\_\_\_\_ **HOME PHONE NUMBER:** \_\_\_\_\_

**WORK PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

WOULD YOU LIKE TO RECEIVE EMAIL/TEXT MESSAGE REMINDERS FOR YOUR APPOINTMENT?: Y/N

WHO IS FINANCIALLY RESPONSIBLE FOR ACCOUNT? SELF / FAMILY / TAC / WORKSAFE / DVA (PLEASE CIRCLE)

**MEDICARE NO.:**

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**REF NO.** \_\_\_\_\_

**PRIVATE HEALTH INSURANCE FUND:** \_\_\_\_\_ **MEMBER SINCE:** \_\_\_\_\_

**MEMBERSHIP NO.:** \_\_\_\_\_ **LEVEL OF COVER:** \_\_\_\_\_

**VETERANS AFFAIRS NO.:** \_\_\_\_\_ **CARD COLOUR** \_\_\_\_\_

**TAC / WORKSAFE?** (PLEASE CIRCLE) \_\_\_\_\_ **CLAIM APPROVED?** Y/N \_\_\_\_\_ **CLAIM NO.:** \_\_\_\_\_

**INJURY/ACCIDENT DETAILS - DATE:** \_\_\_\_\_ **PLACE:** \_\_\_\_\_

**EMPLOYERS NAME:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**EMPLOYERS ADDRESS:** \_\_\_\_\_ **INSURER:** \_\_\_\_\_

**EMERGENCY CONTACT/NEXT OF KIN:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**REFERRING DOCTOR:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**USUAL DOCTOR:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

**HOW DID YOU HEAR OF US?** WEBSEARCH / GP RECOMMENDATION / OTHER SPECIALIST / PRINT MEDIA /  
PHYSIO/CHIRO/OSTEOPATH / FRIEND/COLLEAGUE/FAMILY MEMBER (PLEASE CIRCLE)

**FEES:** Please note – patients are advised that this is a private practice and that Mr Robin does not bill Medicare directly. All patients will receive an account on the day of consultation for professional services rendered, and this account is payable on the day of the consultation. A proportion of the fee may be rebated by the patient claiming this back from Medicare. Fees for surgery will be sent to your Private Health Fund/DVA/TAC/WorkCover, however there may be a “gap” payment required to be paid by the patient, and this must be paid at the time of booking any procedure/surgery. If you require any financial consideration, please discuss this with Mr Robin or the staff prior to your consultation. Accounts may be settled with Mastercard, Visa and cash only. We do not accept American Express or personal cheques.

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE COMPLETE OTHER SIDE**

FAMILY NAME:

GIVEN NAMES:

D.O.B.:

## MEDICAL HISTORY

PLEASE ANSWER **ALL SECTIONS** TO THE BEST OF YOUR ABILITY.

ALL INFORMATION IS KEPT CONFIDENTIAL AND IS ONLY TO BE DISCLOSED ON A "NEED TO KNOW" BASIS, AND ONLY IN THE BEST INTERESTS OF PATIENT CARE.

PLEASE MARK THE BOX IF YOU HAVE HAD **ANY** OF THE FOLLOWING CONDITIONS.

PLEASE DETAIL DATES OF DIAGNOSIS AND ANY TREATMENTS / MEDICATIONS FOR THESE CONDITIONS IF KNOWN.

ARTHRITIS – WHICH TYPE?

DIABETES

HIV/ AIDS

- WHICH JOINTS?

- ANY COMPLICATIONS?

GOUT

EASY BRUISING/ PROLONGED BLEEDING

BROKEN BONES/FRACTURES?

HEART ATTACK OR ANGINA

BLOOD DISORDER

CORONARY ARTERY STENTS / BYPASS

MEDICATION TO "THIN" THE BLOOD?

ASTHMA

CARDIAC PACEMAKER

(E.G. WARFARIN/ COUMADIN, PLAVIX/ ISCOVER/  
CLOPIDOGREL, ASPIRIN/ ASASANTIN, XARELTO)

EMPHYSEMA

HIGH BLOOD PRESSURE

TUBERCULOSIS

LIVER DISEASE

DEEP VEIN THROMBOSIS ("DVT") /  
PULMONARY EMBOLUS ("PE")

EPILEPSY

HEPATITIS – WHAT TYPE?

BRAIN TUMOURS

STOMACH ULCERS

CEREBRAL ANEURYSM CLIPS

OTHER SERIOUS INJURY / ILLNESS /  
CANCER / INFECTIONS

STROKE / TIA

KIDNEY DISEASE

PSYCHIATRIC ILLNESS

IMMUNOSUPPRESSION / CHEMOTHERAPY

PLEASE LIST AND DATE ALL PREVIOUS SURGERIES/PROCEDURES?

1) \_\_\_\_\_

3) \_\_\_\_\_

5) \_\_\_\_\_

2) \_\_\_\_\_

4) \_\_\_\_\_

6) \_\_\_\_\_

ANAESTHETIC PROBLEMS?

ALLERGIES TO MEDICATIONS, TAPES, DYES/CONTRAST, FOOD?

HOW MANY CIGARETTES DO YOU SMOKE PER DAY?

HOW MANY STANDARD ALCOHOLIC DRINKS PER WEEK?

PLEASE LIST ALL MEDICATIONS:

1) \_\_\_\_\_

5) \_\_\_\_\_

9) \_\_\_\_\_

2) \_\_\_\_\_

6) \_\_\_\_\_

10) \_\_\_\_\_

3) \_\_\_\_\_

7) \_\_\_\_\_

11) \_\_\_\_\_

4) \_\_\_\_\_

8) \_\_\_\_\_

12) \_\_\_\_\_

