ASSOCIATES:
Dr James Taylor
MBBS LLB FRACGP GrDipSportMed
Dr Tracy Shang
MBBS DCH FRACGP GrDipSportMed
Dr Daniel Geilings
MD BPhysio FRACGP
Dr Alex Terris
MBBS FRACGP GrDipSportMed

Patient Registration Form

Title	☐ **Mr** ☐ **Ms** ☐ **Miss** ☐ **Mrs** ☐ **Other**		
First Name		**Preferred Name:**	
Surname		**D.O.B:**	
Home Address			
Contact numbers	**Mobile:**	**Work:**	**Home:**
Email			
Medicare Number		**Reference no:**	**Expiry:**
Occupation			
Next of Kin or Emergency Contact	**Name:**	**Phone:**	**Relationship to patient:**
Allergies	☐ Nil known or Please list:		
Current Medications	☐ Anti-inflammatories: ☐ Puffers/inhalers: ☐ Insulin: Please list any other medications:	☐ Supplements: ☐ Contraceptive pill/implant: ☐ ASADA TUE certificate:	
Medical Issues	☐ Asthma ☐ Diabetes ☐ Heart disorder ☐ Eczema/dermatitis ☐ Psoriasis ☐ Epilepsy ☐ Migraines ☐ Bleeding/clotting problems ☐ Other:		
Immunisation Status	☐ COVID shot this year ☐ Flu shot this year ☐ Tetanus shot within 5 years ☐ Travel immunisations (specify if able):		
Past operations or injuries	☐ Hip: Left / Right: Specify: ☐ Knee: Left / Right: Specify: ☐ Ankle: Left / Right: Specify: ☐ Spine/neck:	☐ Shoulder: Left / Right: Specify: ☐ Elbow Left / Right: Specify: ☐ Wrist or hand Left / Right: Specify ☐ Other:	
Smoking Status	☐ Smoker: Amount:	☐ Ex-smoker:	☐ Nonsmoker:
Sports/Activities	Please specify:		
Please specify existing treating team	Surgeon – Name:	GP – Name:	Physio/Osteo/Chiro – Name:
Private Insurance	Yes ☐ No ☐ [NB relevant only if you require surgery/admission to a private hospital]		

PTO →

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Australian Orthopaedic Sports Medicine Clinic

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Cancellation Policy

We endeavour to provide prompt access to medical care for acute injuries. Late cancellation of appointments can impact on our ability to achieve this for other patients who miss out on receiving care**. Cancellation with less than 24 hours' notice will result in a cancellation fee being charged that is equal to the Medicare rebate for a standard consultation (our practice will endeavour to provide an sms reminder to your mobile for appointments).** If you need to cancel at short notice due to extenuating circumstances, we may be able to reschedule your appointment and waive any applicable cancellation fee. Please discuss with our helpful staff.

Privacy Policy

This policy provides you, our patient, with information on how your personal information, including your health information, is collected and used within our practice, and the circumstances in which it may be shared with third parties.

When you register as a patient of our practice, you provide consent for our GPs and practice staff to access and use your personal information so they can provide you with the best possible healthcare. Only staff who need to see your personal information will have access to it. If we need to use your information for anything else, we will seek additional consent from you to do this.

Our practice also provides an appointment reminder service via sms to your mobile to minimise the risk of you receiving a fee for missed appointments. If you do not wish to receive reminders this way, please discuss this with our helpful staff.

For further information, please refer to our website- www.sportsdocs.com.au

Your feedback is important to us, please ask our helpful staff about our feedback forms.

Guardian details (required by Medicare for patients 16 and under)

Title (Please tick)	☐ **Mrs** ☐ **Ms** ☐ **Miss** ☐ **Mr** ☐ **Other**		
Surname			
First Name		**D.O.B:**	
Home Address			
Contact Number			
Medicare Number		**Reference no:**	**Expiry:**