Mr Andrew Gogos
NEUROSURGEON & SPINE SURGEON
MBBS(Hon) BMedSci(Hon) FRACS
Minimally Invasive Specialist

MAIN ROOMS
St Vincent's Hospital, Suite B, Level 2, Healy Wing
41 Victoria Parade Fitzroy Victoria 3065
Phone (03) 8899 6294 Fax (03) 8899 6295
Email contact@doneurosurgery.com

Patient Details

Title:	Surname:
Given Name:	Preferred name:
Date of Birth:	Age:
Residential address:	
Suburb:	Postcode:
Postal address (if different to above):	
Telephone (H):	(M):
Occupation:	
Email Address:	
May we use SMS to communicate with you regarding your appointment?	Yes ☐ No ☐

Emergency Contact

Full name:	Relationship:	Telephone:

Medicare

Patient's Medicare number:	Ref no:
DVA card number (if applicable):	White ☐ Gold ☐
Aged Pension number (if applicable):	

Health Insurance Details

Do you have Private Health insurance?	Yes ☐	No ☐
Does this include Hospital cover?	Yes ☐	No ☐
Health fund name:		Membership #:
Have you held this insurance for more than 12 months?	Yes ☐	No ☐
Please tick what level of cover you currently have:	Bronze ☐ Silver ☐	Gold ☐
Does your private health insurance cover spinal surgery in a private hospital?	Yes ☐	No ☐

Claim Details (only complete if applicable)

Do you have a current: TAC claim ☐ or WorkCover claim ☐	Claim number:
Name of WorkCover Insurance Company:	
Claim Manager's name:	
Claim Manager's email/phone:	

Referrer/Practitioner Details

Referring Doctor's Name:	Telephone:
Practice Name & Address:	
General Practioner's Name:	Telephone:
Practice Name & Address:	

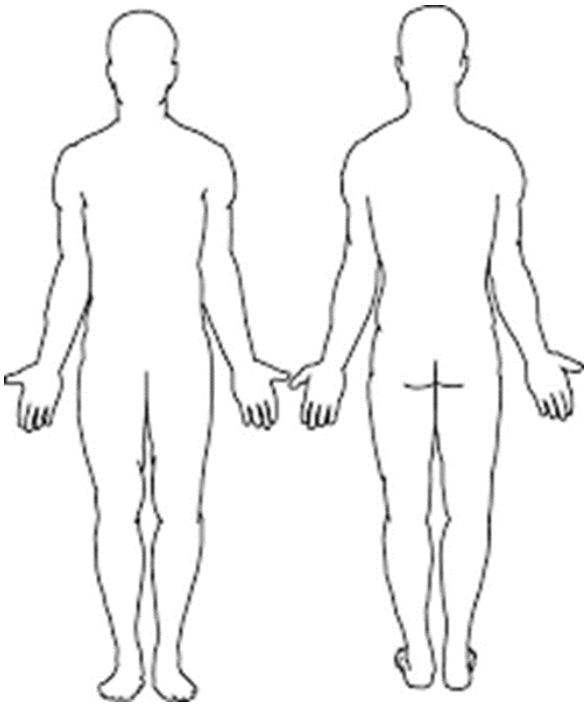
Mr Andrew Gogos
NEUROSURGEON & SPINE SURGEON
MBBS(Hon) BMedSci(Hon) FRACS
Minimally Invasive Specialist

MAIN ROOMS
St Vincent's Hospital, Suite B, Level 2, Healy Wing
41 Victoria Parade Fitzroy Victoria 3065
Phone (03) 8899 6294 Fax (03) 8899 6295
Email contact@doneurosurgery.com

Medical History Please tick yes or no if you have ever had:

Diabetes	Yes ☐	No ☐	A Bleeding Disorder	Yes ☐	No ☐
Are you, or have you ever been, a smoker?	Yes ☐	No ☐	If yes, how many cigarettes do you smoke per day?		
Do you take any blood thinning medications?	Yes ☐	No ☐	If yes, please circle below;		
Xeralto Aspirin Plavix Clopidogrel AsaSantin Warfarin Pradaxa					
Other:					

LOCATION OF SYMPTOMS (mark on picture): PAIN = X NUMBNESS = O



Your Health Information and Our Privacy Policy

In accordance with the Australian Privacy Principles contained in the Commonwealth Privacy Act 1988 and applicable State legislation.

Mr Andrew Gogos respects your right to privacy and thus has systems and processes in place to ensure it complies with the Australian Privacy Principles. This statement is a summary of the practice's privacy policy.

Mr Andrew Gogos collects information about you for the purpose of providing health services to you. Personal information such as your name, address and health insurance details are used for the purpose of addressing accounts and sending relevant correspondence, as well as processing payments and writing to you about our services and any issues affecting your health care.

Mr Andrew Gogos may disclose your health information to other health care professionals or third parties, or require it from them if, in our judgement, it is necessary in the context of your care.

Please sign this form as confirmation that you have read and understand our Privacy Policy, and consent to the use of you information in the ways outlined.

Signed_____ Date _____