

PROFESSOR GREG BAIN WORKCOVER/THIRD PARTY PATIENT DETAILS



SURNAME: _____ **FIRST NAME:** _____
Mr / Mrs / Miss / Ms / Dr / Other _____ **PREFERRED NAME:** _____
DATE OF BIRTH: _____
POSTAL ADDRESS: _____
SUBURB: _____ **POSTCODE:** _____
PHONE: **Mob:** _____ **Hm:** _____ **Wk:** _____
DO YOU CONSENT TO TEXT MESSAGE REMINDERS FOR FUTURE APPOINTMENTS: YES / NO
EMAIL: _____ **OCCUPATION:** _____

MEDICARE CARD NO: _____ / _____ / _____
REF NO: _____ (number on left hand side of your name) **EXP DATE:** _____ / _____
DVA CARD (if applicable): _____ **AGED PENSION CARD NO:** _____

NEXT OF KIN: Mr/Mrs/Ms/Miss/Other _____ : _____
First Name Surname
RELATIONSHIP to you e.g. husband/wife/friend etc _____
NEXT of KIN CONTACT No: Mobile: _____ Home: _____ Work _____

GP NAME AND/OR CLINIC NAME: _____
YOUR GP ADDRESS: _____
REFERRING DOCTOR (if different to GP above): _____
ADDRESS: _____

PRIVATE HEALTH HOSPITAL INSURANCE FUND NAME: _____
MEMBER NO: _____ (GOLD / SILVER / BRONZE / OTHER _____)

NAME OF LAWYER, AGENT or CASE MANAGER: _____
ADDRESS: _____
CLAIM NO: _____ **DATE OF INJURY:** _____ **OCCUPATION:** _____
EMPLOYER NAME/ADDRESS: _____

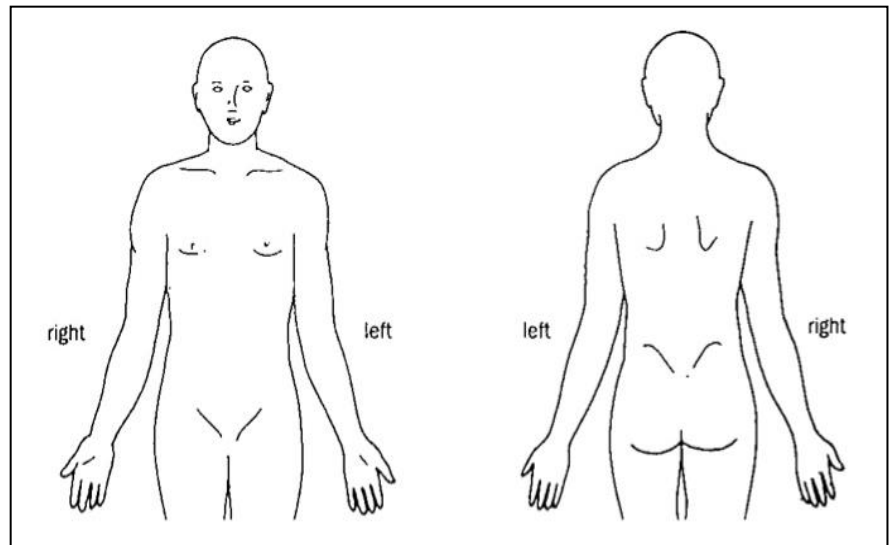
WORKCOVER/THIRD PARTY PATIENT DETAILS (cont'd)

Date, Time and location of injury: _____

Brief description of the event: _____

What problems are you currently having: _____

Description of injury or injuries (please use diagram to indicate where you feel pain – please include ALL affected areas). Using the diagram, please also – mark your worst pain with an 'x', mark any numbness with an 'o'.



Treatment sought i.e. anti-inflammatory tablets, chiropractic care, physio, massage, injections, splints, xrays, MRI, blood tests etc (please include name of practitioners seen):

Impact on capacity to work: _____

Impact on daily activities i.e. home/sport/social life etc: _____

What are your current working hours: _____

What duties are you currently performing: _____

Has your claim been accepted: YES / NO / DON'T KNOW

Information on this form may be used in correspondence, medical reports, court hearings etc.