Dr Bernard Zicat
Orthopaedic Surgeon
Mater Clinic, Suite 1.08
Macquarie University Clinic, Suite 303
Concord Medical Centre, Suite 100

DR BERNARD ZICAT
HIP AND KNEE SURGEON

Patient details, initial consultation:

SURNAME:_____GIVEN NAMES:_____

ADDRESS:_____POSTCODE:_____

DOB: _____ / ____ / ____

TELEPHONE: (h)_____(w)_____(m)_____

Email address:_____

NEXT OF KIN:_____CONTACT Number:_____

Referred by:_____Suburb:_____

Name of Local Doctor: (if different from above):_____Suburb:_____

MEDICARE No: _____

Number next to your name on Medicare card:_____ EXPIRY:_____ /_____

Are you in a MEDICAL FUND? YES/NO Fund Name:_____

FUND MEMBERSHIP Number:_____

ARE YOU A VETERAN'S AFFAIRS PATIENT? YES/NO DVA Number:_____

WORKER'S COMPENSATION OR THIRD PARTY CLAIMS **ONLY**

EMPLOYER:_____

INSURANCE COMPANY:_____

INSURANCE ADDRESS:_____FAX:_____

CASE MANAGER:_____

CLAIM NO:_____ DATE OF INJURY:_____

For all patients: **Please complete medical history details on next page** >

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MEDICAL HISTORY: NAME……AGE…….

OCCUPATION Present/Past……

Please tick if you suffer from any of these:

Asthma
Hepatitis
Lung Problems
High Blood Pressure
Chest Pain / Cardiac History
Blood Disorder / Anaemia
Thyroid or Endocrine Disorder
Arthritis
Diabetes
Epilepsy
Bladder or Prostate Problems
Frequent Urination at night
Bowel Problems
Previous DVT or Pulmonary Embolus
History of Cancer
Depression / Mental illness

Smoker: Current Ex-Smoker Never Smoked

Alcohol: Rarely Occasionally Daily

Please list and date previous surgery:

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Please list current medications:

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Allergies

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