



Dr Jehan Titus & Dr Jimmy Lam
St Joseph's Cottage, Calvary Hospital,
89 Strangways Terrace, North Adelaide SA 5006
Ph: 08 7231 0433 Fax: 08 8267 1821 Email: manager@urologysa.com.au

NEW PATIENT PACK

Dr Jehan Titus

Dr Jimmy Lam

(Please circle which Dr you will be seeing)

**PLEASE COMPLETE THE ENCLOSED PAGES
AND RETURN TO THE RECEPTIONIST
AT YOUR APPOINTMENT**

**Please contact our rooms if you have any queries regarding your
appointment.**

**Our friendly reception staff will be available to assist you
Between 9:00am – 5:00pm
Monday to Friday**



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CONFIDENTIAL PATIENT INFORMATION

PERSONAL DETAILS:

Title: Dr / Mr / Mrs / Miss / Ms / Other:	Date of Birth:
Surname:	Work Phone:
Given Names:	Mobile Phone:
Preferred Name:	Home Phone:
Email:	
Marital Status: Defacto / Divorced / Married / Same Sex Partner / Single / Widowed	
Address:	
Suburb: Postcode:	Are you a Diabetic? Y / N
Postal Address:	
Suburb: Postcode:	Reminders via SMS? Y / N

FINANCIAL INFORMATION:

Medicare Number:	Ref No: Exp: Date:
Private Health Fund: No:	Cover: Hospital / Extras
DVA Number:	Gold / White
Pension / Concession Card:	Exp Date:

REFERRAL INFORMATION:

Referring Dr:	
Address:	Is this Dr your usual GP? Y / N
Phone No:	
Usual GP (if diff from referring Dr)	
Address: Phone no:	

NEXT OF KIN DETAILS:

NOK Name:	Home phone:
Relationship:	Mobile phone:



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PATIENT HEALTH QUESTIONNAIRE

NAME: _____

CURRENT MEDICAL CONDITIONS:

.....

PREVIOUS SURGERY:

.....

ALLERGIES:

.....

FAMILY HISTORY OF ILLNESS / DISEASE:

.....

EMPLOYMENT HISTORY

Employed Unemployed Retired

What is / was your occupation.....

Do you smoke? **Y / N** If "Yes" how many cigarettes per day? _____ For _____ years

If you are an ex-smoker how long ago did you quit? _____ how many Cigarettes per day prior to quitting? _____

Do you drink alcohol? **Y / N** If "Yes" how many glasses _____ per day / week / infrequent

How much caffeine do you consume per day (per cup) **Coffee** _____ **Tea** _____ **Cola** _____



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PATIENT CONSENT INFORMATION

We require your consent to collect personal information about you. Please read this information carefully, and sign where indicated below.

This medical practice collects information from you for the purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs. This means we will use the information you provide in the following ways:

- Administrative purposes in running our medical practice.
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
- Disclose to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.
- Disclose to doctors covering your doctor when on leave for the purpose of patient care.
- Disclosure for research and quality assurance activities to improve individual and community health care and practice management.

I have read the information above and understand the reasons why my information must be collected. I am also aware that this practice has a privacy policy on handling patient information.

I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of the health care and treatment provided to me.

I am aware of my rights to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.

I understand that if my information is to be used for any other purposes, other than set out above, my further consent will be obtained.

I consent to the handling of my information by this practice for the purpose set out above, subject to any limitations on access or disclosure that I notify this practice of.

We may also request information from hospitals or other medical practitioners regarding previous medical history and/or operation and admissions to hospital, which are relevant to your condition.

I _____ consent to Dr Jimmy Lam/Dr Jehan Titus collecting the above information.	
_____	_____
SIGNATURE	DATE



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PROFESSIONAL FEES

Please note that Medicare does not completely cover the cost of your consultation.

	Full Fees	Medicare Rebate
Initial Consultation	\$180.00	\$72.75
Follow up Consultation	\$100.00	\$36.55
PENSIONERS & HEALTH CARE CARD HOLDERS		
Initial Consultation	\$150.00	\$72.75
Follow up Consultation	\$ 80.00	\$36.55

All fees for consultations are to be **paid in full** on the day of your appointment. These fees are subject to change.

A \$50.00 admin fee will apply to any accounts not paid in full on the day of your consultation.

These fees are subject to change.

We are happy to submit your claim to Medicare on your behalf, or you may take the account and visit a Medicare office for the gap amount.

We accept cash, EFTPOS, Credit Card, bank cheque or Australian Money Order. Unfortunately, personal cheques cannot be accepted.

Our terms are 30 days. Any accounts outstanding after this time will be referred Mercantile Credit Management Pty Ltd and a 17% recovery fee may be applied, which is payable by the patient/account holder.

All outstanding accounts must be paid prior any future date of surgery.

IMPORTANT- If you do not wish to keep any booked appointments please advise the secretary at least 24 hours prior to the appointment time, so that we may allocate the time to another patient. Should you not give 24 hours notice of cancellation, you will be charged a full cancellation fee.

PATIENT DISCLAIMER

I have read and agree to the above terms regarding the professional fees.

NAME

SIGNATURE

DATE



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WHAT TO EXPECT AT YOUR INITIAL APPOINTMENT

Appointment guidelines

You should allow 30min first consultation with Dr Lam and 20 min for Dr Titus. Subsequent appointments are allocated 15 min with Dr Lam and 10min with Dr Titus. Please complete the enclosed paperwork prior to your appointment and return to the Receptionist. There may be times where the doctors are running late of schedule. If time is an issue for you please feel free to call our office 30 minutes prior to your appointment for confirmation.

If asked to attend your appointment with a full bladder.

A urinary flow or urodynamic test may be performed at your appointment followed by a bladder scan. The flow test is a non-invasive procedure, which requires you to empty your bladder into a pot under a funnel. The Urodynamic test measures urine flow rate and bladder pressure to assist in determining the underlying cause of the voiding disorder. A machine will analyse your flow rate and produce a report. The practice nurse will perform an ultrasound of your bladder. This is performed to assess your lower urinary tract and voiding function. These tests require you to attend your appointment with a full bladder and you will be given instructions for this when your appointment is made. There will be no out of pocket expense for either of these tests as they will be bulk billed to Medicare.

Pain prior to appointment

If you are experiencing significant pain and feel that you are not coping at home (e.g. patients with kidney stones) please either contact our office during business hours (9am-5pm) or alternatively present to the Calvary Wakefield Emergency Department where you will be examined. Dr Lam or Dr Titus will be contacted if deemed necessary.

GUIDE TO SURGICAL EXPENSES

For Privately Insured Patients - General

Both doctors bill their accounts directly to your private health fund. However, *some* procedures will incur a "Gap" fee, which will be payable no less than 48 hours prior to your procedure. You will be given an invoice for this when the surgery is booked. This amount is above what your health fund has agreed to pay for your procedure and is not able to be claimed by either Medicare or your health fund. Please contact our office for further information. You will also be asked to contact your anaesthetist's rooms to enquire about any out of pocket fee.

For Privately Insured Patients – daVinci Robot Radical Prostatectomy

As this procedure is only offered at the St Andrew's hospital, all fees will be billed directly to your private health fund. However there will be a non-rebatable gap fee for the nurse assistant and for Dr Lam. In some instances there is a hospital consumable fee, which you will be advised prior to leaving our rooms. This consumable fee should be paid through our office. You may also incur an out of pocket anaesthetist fee.

Public patients

Dr Titus has a public hospital appointment at the Noarlunga Health Service and the Royal Adelaide Hospital. Dr Lam has a public hospital appointment at the Repatriation General Hospital, Noarlunga Health Service and Royal Adelaide Hospital. If you wish to be treated at a public hospital you will be placed on the waiting list at either of these facilities as appropriate.

Public patients – self funding

If you wish to self fund your procedure/admission to a private hospital a quote can be arranged by our office. However the surgery will remain pending, until full payment is received. Medicare will provide a rebate for a portion of these expenses. You may also incur an out of pocket anaesthetist fee.

Overseas Students/Visitors with private health insurance

Full payment is required for all consultations (on the day) and procedures (no less than 48 hours prior). A receipt will be given which can then be forwarded to your health fund for reimbursement.

PATIENT DISCLAIMER

I have read and agree to the above terms regarding the Surgical Expenses.

NAME: _____ SIGNATURE: _____ DATE: _____