



Flexi Care
inc.

Po Box 2340
MANSFIELD DC QLD 4122
PODIATRY PHONE (07) 3422 8419
FAX (07) 3422 8444
ABN 97 895 142 957
1/16 DIVIDEND STREET
MANSFIELD QLD 4122
EMAIL info@flexicareinc.org.au
WEBSITE www.flexicareinc.org.au

Referring person (Self, GP, Carer, other)

Programs available (please circle one)

QCC funded – (under 50yrs ATSI peoples/under 65yrs, with a disability) EPC (GP referral required)
CHSP funded – (over 50yrs ATSI peoples/over 65yrs, frail, older people) DVA (GP referral required)
Private Client – (Fee for Service / private health fund)

Preferred Title: Mr/Mrs/Miss/Ms Full Name:

Address:

Suburb: Post Code: Phone:

Indigenous Status: Date of Birth:/...../.....

Country of Birth: Main language: Interpreter: Yes / No

Name of Next of Kin: Next of Kin Ph:.....

Next of Kin Address: Relationship (eg Mother, Son):

Medical History and Current Medical Conditions:

.....
.....
.....

Current Medications:

.....
.....
.....

History of Foot/Leg Ulceration/Amputation:

Known Allergies:

Dr's Full Name:

Dr's Phone:

Clinic Address:

<u>PODIATRY CLINIC (Tick most convenient centre)</u>	
<input type="checkbox"/> Acacia Ridge <input type="checkbox"/> Annerley <input type="checkbox"/> Amelia House <input type="checkbox"/> Coopers Plains <input type="checkbox"/> Inala Respite Centre	<input type="checkbox"/> Mansfield <input type="checkbox"/> Mater Hospital <input type="checkbox"/> Mt Gravatt <input type="checkbox"/> Home Visit <input type="checkbox"/> Greek Respite Centre

<u>TRANSPORT (Tick applicable)</u>	
<input type="checkbox"/> Client drives self <input type="checkbox"/> Transported by family or friend <input type="checkbox"/> Transported by Carer	<input type="checkbox"/> Transported by Taxi <input type="checkbox"/> Other Transport

<u>MOBILITY (Tick all client can manage)</u>	
<input type="checkbox"/> Can walk (Stick/Walker) please circle <input type="checkbox"/> Can do own housework <input type="checkbox"/> Can visit places further than walking distance. (wheelchair yes/no)	<input type="checkbox"/> Can manage shopping & appointments <input type="checkbox"/> Can manage own medication <input type="checkbox"/> Can manage own hygiene <input type="checkbox"/> Can be transported to a podiatry clinic

<u>HEALTH INSURANCE FUND (Tick if applicable)</u>	
<input type="checkbox"/> Health Insurance Fund covering podiatry Name of Health Fund.....	(**NB - private health insurance rebates cannot be claimed if subsidised fees have been paid) Private Health Number.....

Please circle one Pension / Benefit Status:	Aged Pension (Full) / Aged Pension (Part) / DVA Card / Veteran's Affairs Pension / Disability Support Pension / Carer Payment (Pension) / Other Govt. benefit / No Govt. pension or benefit / Not stated
--	--

Pension Number:.....	Medicare Number:.....
DVA Number	

CLIENT CONSENT

This Section MUST be signed by the client or their authorised agent.

I, (full name) agree to receive PODIATRY services and the release of relevant information to other health care professionals. I understand that I have the ability to withdraw this consent if I so wish.

CHSP clients only (please tick)

I give consent for relevant information to be released to My Aged Care for referral as necessary.

Signature Date:/...../.....

QCC & CHSP FEES: \$21.00 Clinic visit / \$35.00 Home visit (Restricted Eligibility)
--

Please call Flexi Care Podiatry direct on 3422 8419 for any of your enquiries.