

DR RICHARD LAWSON - PATIENT REGISTRATION

Hand, Micro and Peripheral Nerve Surgeon

MBBS (Hons 1 Syd), FRACS, FAOrthA

BACKGROUND INFORMATION

All patients must complete

Patient Name

(Please re-enter)

Age

Hand Dominance Right Left Ambidextrous

Occupation

If retired, please list what your occupation used to be

Please list the names of any people attending with you today

In your own words, why are you coming to see Dr Lawson?

Please provide as much detail as possible

Other medical problems / previous operations

Hobbies

Including sport, music and other activities

FOR USE BY DR LAWSON

DR RICHARD LAWSON - PATIENT CONSENT

Hand, Micro and Peripheral Nerve Surgeon

MBBS (Hons1 Syd), FRACS, FAOrthA

ACCOUNTS

I agree to pay all accounts rendered by Dr Lawson unless otherwise pre-approved in writing by an insurance company. I understand that even though a referral is not required for me to be reviewed by Dr Lawson, it is a legal requirement to enable me to claim a rebate with Medicare. Please note a GP referral is valid for 12 months, a specialist referral is only valid for 3 months. It is my responsibility to ensure that my referral is current prior to consultations.

REFERRALS

I understand Dr Lawson may refer me for additional services such as physiotherapy, radiology, pathology and pharmacy. I understand I will consent or not consent to these recommendations at the time of consultation and am responsible for any additional fees that are levied for these services.

PHYSIOTHERAPY TREATMENT AT NORTH SHORE HAND THERAPY

Suite 2, Level 4, North Shore Private Hospital

Dr Lawson frequently refers patients for treatment with North Shore Hand Therapy. To maximise convenience for the patient, when possible, our offices are happy to co-ordinate a joint consultation with Dr Lawson and North Shore Hand Therapy (in their consulting rooms); please note this will incur fees for both service providers.

COLLECTION OF PERSONAL INFORMATION

Dr Lawson collects information from you for the primary purpose of providing quality health care. You provide us with your personal details and medical history so that we can properly assess, diagnose, treat and be proactive in your health care needs. We may use your information in the following ways:

- Administration purposes in running our practice including billing.
- Disclosure to others involved in your health care, including those outside our medical practice.
- Research and teaching purposes.

Dr Lawson may take photos or videos of you during consultations or surgery for treatment, teaching and/or research purposes. Please notify our rooms in writing if you do not consent to photos/videos.

I have read the information above and understand the reasons why my information must be collected. I understand I am not obliged to provide any further information requested of me, but that my failure to do so might compromise the quality of the health care and treatment given to me. I am also aware of my right to access the information collected about me, except in circumstances where access might be legitimately withheld. I understand I will be given an explanation in these circumstances. I consent to the handling of my information by Dr Lawson for the purposes set out above, subject to any limitations on access of disclosure that I notify this practice of.

SIGNATURE AND CONSENT

I acknowledge that I have read, understood and consent to the information as outlined above.

PATIENT NAME

SIGNATURE

DATE

Of Patient / Parent / Guardian / Power of Attorney

PATIENTS OVER 14 YRS OLD WITH AN UPPER LIMB ISSUE PLEASE CONTINUE TO PAGE 4 & 5



PAIN AND FUNCTION QUESTIONNAIRE

PLEASE COMPLETE THIS PAIN QUESTIONNAIRE IF YOU ARE OVER 14 YEARS OLD WITH A HAND/WRIST/UPPER ARM ISSUE

PAIN QUESTIONNAIRE - VISUAL ANALOGUE SCALE

Please place a mark on the line below which corresponds to your level of pain



QUICK DASH OUTCOME MEASURE - FUNCTION QUESTIONNAIRE

These questions ask about your symptoms as well as your ability to perform certain activities. Please answer every question, based on your condition in the last week. If you did not have the opportunity to perform an activity in the past week, please make your best estimate of which response would be the most accurate. It doesn't matter which hand or arm you use to perform the activity; please answer based on your ability regardless of how you perform the task.

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. Open a tight or new jar.	1	2	3	4	5
2. Do heavy household chores (e.g., wash walls, floors).	1	2	3	4	5
3. Carry a shopping bag or briefcase.	1	2	3	4	5
4. Wash your back.	1	2	3	4	5
5. Use a knife to cut food.	1	2	3	4	5
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.).	1	2	3	4	5
	NOT AT ALL	SLIGHTLY	MODERATELY	QUITE A BIT	EXTREMELY
7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups?	1	2	3	4	5
	NOT LIMITED AT ALL	SLIGHTLY LIMITED	MODERATELY LIMITED	VERY LIMITED	UNABLE
8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?	1	2	3	4	5
Please rate the severity of the following symptoms in the last week. (circle number)	NONE	MILD	MODERATE	SEVERE	EXTREME
9. Arm, shoulder or hand pain.	1	2	3	4	5
10. Tingling (pins and needles) in your arm, shoulder or hand.	1	2	3	4	5
	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	SO MUCH DIFFICULTY THAT I CAN'T SLEEP
11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number)	1	2	3	4	5

PAIN AND FUNCTION QUESTIONNAIRE

QUICK DASH OUTCOME MEASURE - FUNCTION QUESTIONNAIRE (continued)

WORK MODULE (OPTIONAL)

The following questions ask about the impact of your arm, shoulder or hand problem on your ability to work (including homemaking if that is your main work role).

Please indicate what your job/work is: _____

I do not work. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week.

Did you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. using your usual technique for your work?	1	2	3	4	5
2. doing your usual work because of arm, shoulder or hand pain?	1	2	3	4	5
3. doing your work as well as you would like?	1	2	3	4	5
4. spending your usual amount of time doing your work?	1	2	3	4	5

SPORTS/PERFORMING ARTS MODULE (OPTIONAL)

The following questions relate to the impact of your arm, shoulder or hand problem on playing your musical instrument or sport or both. If you play more than one sport or instrument (or play both), please answer with respect to that activity which is most important to you.

Please indicate the sport or instrument which is most important to you:

I do not play a sport or an instrument. (You may skip this section.)

Please circle the number that best describes your physical ability in the past week.

Did you have any difficulty:	NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	UNABLE
1. using your usual technique for playing your instrument or sport?	1	2	3	4	5
2. playing your musical instrument or sport because of arm, shoulder or hand pain?	1	2	3	4	5
3. playing your musical instrument or sport as well as you would like?	1	2	3	4	5
4. spending your usual amount of time practising or playing your instrument or sport?	1	2	3	4	5

THANK YOU FOR COMPLETING YOUR REGISTRATION WITH DR LAWSON