

PRIVATE OUTPATIENT & SURGERY, READING KNEE UNIT, CIRCLE READING HOSPITAL, 100 DRAKE WAY, READING, RG2 0NE

PATIENT ENQUIRY FORM FOR PATIENTS WHO HAVE ALREADY BEEN REFERRED BY GP OR OTHER SPECIALIST

NAME OF CONSULTANT SURGEON YOU HAVE BEEN REFERRED TO (PLEASE TICK):

MR SEAN O'LEARY, CONSULTANT ORTHOPAEDIC SURGEON ([Janice.hayes@readingkneeunit.co.uk](mailto:Janice.hayes@readingkneeunit.co.uk)) FAX 0845 388 6103

MR NEV DAVIES, CONSULTANT ORTHOPAEDIC SURGEON ([hannah.baxendale@circlereading.co.uk](mailto:hannah.baxendale@circlereading.co.uk)) FAX 0118 986 9262

Surname	
Forename	
Title	
Date of birth	
Full postal address incl. postcode	
Mobile telephone number	
Home telephone number	
Daytime / direct work number	
Email address	
Name of referring GP	
GP Surgery address incl. tel. no.	
Name of other specialist involved i.e. physio	
Practice address	
Name of medical health insurer (if using)	
Membership number	
Preauthorisation / claim reference number	
Affected limb & side i.e. right / left / both	
X-rays of above done in last 6 months? Yes / No	
If yes, where & when	
Name and daytime tel. no. of emergency contact	
Relationship to yourself	

CONTD....

Please note that failure to provide at least one working day notice of cancellation may result in you being liable for a cancellation fee, which is not normally covered by your medical insurer.

**IMPORTANT NOTE REGARDING USING MEDICAL HEALTH INSURANCE**

Whilst we will endeavour to help you utilise medical insurance where possible you are required to thoroughly check the terms and conditions of your policy direct with your insurer beforehand. If you are unable to provide claim reference or preauthorisation number prior to organising an appointment, it is still advisable that you call your insurer first to discuss referral terms and conditions and that they will cover treatment with recommended surgeon. We are happy to provide a service of sending invoices direct to particular insurers on your behalf but can only do so with preauthorisation prior to the date of the appointment.

If you are unable to provide a claim reference number prior to date of your appointment you will be required to settle your account direct with the consultant and will then need to claim back reimbursement direct from your insurer. We will of course be happy to provide you with a receipt if necessary. If we are notified by your nominated insurer of any excess or shortfall you will be contacted to settle your account direct with the consultant.

Please sign and date to indicate that you have read and understand the terms and conditions before sending this form to arrange an appointment.

Name:.....

Date:.....