MACQUARIE UNIVERSITY Hospital

Macquarie University Hospital

Name:	**Morrison, Raymond**, Male
DOB:	**19/08/1985** (39 years)
Street Address:	40 TOLEDO CCT
Suburb/Town:	PORT KENNEDY WA 6172
Phone(h):	
Phone(m):	0459570046

Pre Admission Form

THIS HOSPITAL VISIT

Admission type	Surgical - overnight
Reason for admission	Amputation
Admission date	11/07/2025
Procedure date	11/07/2025
Room Type	Single room
Room type acknowledged?	Yes
Admitting Dr Name	Al Muderis , Munjed

PREVIOUS HOSPITAL VISITS

Has previously been a patient	No
Any hospital last 28 days?	No

PATIENT PERSONAL DETAILS

Form completed by	Patient
Patient full name	MORRISON, Raymond, George John (Mr)
Date of birth	19/08/1985
Patient sex	Male
Preferred/Identifying name	Ray
Language spoken at home	English
Patient address	40 TOLEDO CCT PORT KENNEDY WA 6172
Mobile phone	0459570046
Preferred contact number	Mobile Phone
Email address	ray.morrison85@hotmail.com

ADDITIONAL PATIENT DEMOGRAPHICS

Country of birth	UNITED KINGDOM
Country of residence	Australia
Indigenous status	Not Indigenous - Not Aboriginal or Torres Strait Islander origin
Marital status	Married
Religion	Spiritualism

PATIENT POSTAL ADDRESS

Patient postal address same as residential	Yes
Patient postal address	40 TOLEDO CCT PORT KENNEDY WA 6172

GP AND OTHER PROVIDER DETAILS

GP Name	MAH, WT
Name of GP's practice	Kwinana General Practise
GP's Address	KWINANA MARKET PLACE, 4 CHISHAM AVE, KWINANA TOWN CENTRE WA 6167

GP's Phone No.	0894396188

PERSON TO CONTACT / NEXT OF KIN (PERSONAL CARERS)

Contact name	MORRISON, Miranda, (Mrs)
Relationship to the patient	Spouse
Same as patient's address	Yes
Contact address	40 TOLEDO CCT PORT KENNEDY WA 6172
Mobile	0431052448
Email address	miranda.morrison89@outlook.com
Person is also contact regarding discharge	Yes

PERSON TO CONTACT REGARDING DISCHARGE

Name	MORRISON, Miranda, (Mrs)
Relationship to the patient	Spouse
Same as patient's address	Yes
Address	40 TOLEDO CCT PORT KENNEDY WA 6172
Mobile	0431052448
Email address	miranda.morrison89@outlook.com

MEDICARE DETAILS

Claim type	Private health fund
Medicare card number	6255815358-1
Medicare expiry month and year	2/2028

OTHER ENTITLEMENT DETAILS

Has pensioner card	Yes
Pensioner card number	602675065T
Pensioner card expiry	31/10/2026
Has Healthcare card	Yes
Healthcare card number	605445273T
Healthcare card expiry	31/10/2026
Has Commonwealth Seniors card	No

PRIVATE HEALTH FUND DETAILS (INSURANCE)

Please select your health fund *	HCF
Membership No.	35479624-8
Co-payment ($)	$0.00
Health fund policy excess ($)	$500.00
In fund over 12 months	Yes
Fee statement acknowledgement	It is recommended that you contact your fund to confirm your level of cover. Please note: All Excess and Co-Payments are payable prior to or on admission. The hospital will also contact your health fund to confirm your cover, including any exclusions, pre-existing illness not covered, excess or co-payments. These costs will be included in your estimate of expenses.I acknowledge that I have read and understand the Account Fees and Payments

PERSON RESPONSIBLE FOR PAYMENT

Relationship to patient	Self
Name	MORRISON, Raymond
Mobile	0459570046
Email address	ray.morrison85@hotmail.com

NATIONAL PRIVATE PATIENT HOSPITAL CLAIM DECLARATION (HC21)

Entitlement to claim compensation	No

Lodged a claim for compensation or damages	No
Injury is work related	Yes
Hospitalisation resulted from motor vehicle accident	No
Hospitalisation result of accident	No
Entitlement to free treatment under Australian Veteran's legislation	No
I understand that the financial implications of my hospital charges will be explained prior to admission.	Yes
Full-time student dependant 17-25 years	No
Date first aware of symptoms	24/02/2022
Date first consulted doctor for symptoms	24/02/2022
Acknowledged/Authorised	Yes

REVIEW & SUBMIT