DR SIMON ZILKO
ORTHOPAEDIC FOOT + ANKLE SURGEON

PATIENT REGISTRATION

Please complete all pages and sign

Title: ☐ Mr ☐ Mrs ☐ Master ☐ Miss ☐ Ms ☐ Mx ☐ Dr ☐ Prof ☐ Other: _____

First Name: _____ Surname: _____

Known As:_____ Date of Birth: _____

Address: _____

Suburb: _____ Postcode: _____

Email Address: _____

Mobile: _____ Home: _____

Medicare No: _____ Ref No (Next to name): ____ Expiry: _____

Private Health Insurance: ☐ Yes ☐ No Fund Name: _____

With Hospital Cover: ☐ Yes ☐ No Member Number: _____

Dept. Veterans Affairs Card No: _____ ☐ White ☐ Gold

Parent/Guardian's details (if patient is a minor):

Name: _____ Date of Birth: _____

Medicare No: _____ Ref No (Next to name): _____ Expiry: _____

Emergency Contact Details (eg NOK, POA):

Name: _____ Relationship: _____

Contact Number: _____

Referral/Interested Parties' Details:

Usual GP Name: _____ Practice/Suburb: _____

Cardiologist Name: _____ Practice/Suburb: _____

Rheumatologist Name: _____ Practice/Suburb: _____

Pain Medicine Specialist Name: _____ Practice/Suburb: _____

Physiotherapist Name: _____ Practice/Suburb: _____

Podiatrist Name: _____ Practice/Suburb: _____

For Workers Compensation Injury or Motor Vehicle Accident

Insurance Company name: _____

Claim Number: _____ Date of Injury/Accident: _____

Name of Employer/Address: _____

FRACS Fellow of the Royal Australasian College of Surgeons
FAORTHA Fellow of the Australian Orthopaedic Association
Dr Simon Zilko ABN 35 192 898 398
P 08 6166 3779 F 08 6316 3316 E admin@drsimonzilko.com.au **www.drsimonzilko.com.au**
Wexford Medical Centre Suite 64, Level 4, 3 Barry Marshall Pde, Murdoch WA 6150

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YOUR PRIVACY

Dr Simon Zilko (ABN 35 192 898 398) collects your personal and health information to assess, diagnose and treat you, and to run the practice. We handle it under the Privacy Act 1988 (Cth) and the Australian Privacy Principles.

Why we collect it. We use your information to provide your care, keep your medical record, book appointments and send reminders, and bill Medicare, DVA, health funds or insurers. We also receive information about you from the doctor who referred you, and from any imaging or other reports sent with your referral. Without it, we may not be able to treat you or claim rebates for you.

Who we share it with. We share relevant information with your referring doctor and GP, other practitioners and hospitals involved in your care, and pathology and radiology providers. We also share it with Medicare, DVA, your health fund, and any workers' compensation or motor vehicle insurer funding your care. Our service providers, such as IT and software providers, also have access, and so do others where the law requires or allows it. We may contribute to clinical quality registries such as the National Joint Replacement Registry, and you can opt out. We do not usually send information overseas, and we never sell it.

AI scribe. With your consent, Dr Zilko uses an AI scribe to draft clinical notes and letters from your consultation. No audio is stored, data stays in Australia, and Dr Zilko checks every note. Your consent covers future consultations unless you withdraw it, and you can say no at any time without affecting your care.

Access, correction and complaints. Our Privacy Policy explains how to access or correct your information, how to make a complaint and how we deal with it. It is available from reception and at www.drsimonzilko.com.au/privacy.html. Contact our Privacy Officer on 6166 3779 or admin@drsimonzilko.com.au.

Please tick and sign.

☐ I have read the privacy notice above. I consent to Dr Simon Zilko and his practice collecting, using and sharing my personal and health information as described in it and in the practice's Privacy Policy. (Required)

☐ Yes ☐ No I consent to the practice contacting me by phone, SMS, email and post, and leaving messages. This includes appointment reminders and confidential clinical correspondence, such as letters and results, sent to the email address I have provided. I understand standard email and SMS are not fully secure.

☐ Yes ☐ No I consent to Dr Zilko using an AI scribe during my consultations.

Patient Name: _____ Signature: _____

Date: _____

Parent/Guardian/Authorised representative (if applicable): _____

Relationship: _____ Signature: _____

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CONSENT FOR CLINICAL PHOTOGRAPHS AND VIDEO

Clinical photographs and video, for example of your foot, ankle or walking, are an important part of your medical record. They help document your condition and your progress before and after treatment. Dr Zilko takes them with your permission and stores them securely on his protected device or in your medical record.

☐ Yes ☐ No I consent to photographs and video being taken for my medical record and care.

☐ Yes ☐ No I also consent to my photographs and video being used for medical teaching, conference presentations, publication and research. I understand:

- I will not be named, and identifying features will be removed or concealed where possible.
- Some images, such as a distinctive scar or tattoo, may still make me recognisable to people who know me.
- I can withdraw this consent at any time for future use, but images already published cannot be recalled.
- Saying no will not affect my care.

I have read the above and my questions have been answered.

Signature: _____ Date: _____

REFERRAL

How did you hear about Dr Simon Zilko? *Referred by:* ☐ GP ☐ Specialist ☐ Physio ☐ Podiatrist

☐ Australian Orthopaedic Association website ☐ Royal Australasian College of Surgeons website

☐ Google ☐ Personal Recommendation: _____

☐ Other: _____

ALL CONSULTATIONS ARE PAYABLE AT THE TIME OF SERVICE.

Unfortunately, we do not bulk bill, however for your convenience we can accept EFTPOS, Visa, MasterCard, cheque and cash (exact amount only).

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FINANCIAL INFORMATION & CONSENT

Dr Zilko aims to provide a premium quality service in a transparent financial manner. This information & consent sheet aims to assist you in identifying the costs that may be involved in your care, as medical fees in the private healthcare sector are ultimately your responsibility. If you are in doubt, you should always check with your insurer to work out if, and for how much, you are covered for medical services so you can decide if you can afford the treatment involved. Medical and surgical fees are greater than the rebate provided by Medicare or your health insurer, and you will need to pay the difference between the rebated amount and the medical fees (this difference is known as a "gap").

Consultation Fees

The following consultation fees will apply:

- $250 for an initial appointment/new condition
- $350 for an extended initial appointment or a second opinion
- $150 for follow-up & subsequent appointments (including telehealth)
- $100 for post-surgery follow-up appointments within 12 months of surgery (including telehealth)

The above fees are payable for appointments that you do not attend or that are cancelled within 24 hours of the appointment time. If you are late for an appointment, we cannot guarantee that Dr Zilko will be able to see you and the above fees still apply. Please note that WorkCover and ICWA insurers do not cover cancellation/late attendance fees, which are your responsibility. Medicare will also not make any contribution to a non-attendance fee, and you will be liable for the full fee if you don't attend.

Surgical Procedures

For operations, Dr Zilko's fees are based on those recommended by the Australian Medical Association and is not a preferred provider for any health fund. Medicare and private health insurers only rebate a portion of surgical fees, and the remaining gap is payable before surgery. At your consultation, we will provide an itemised quote outlining the estimated gap, and we recommend confirming your coverage with your health fund.

Anaesthetists: Dr Zilko's anaesthetists charge a gap for surgery (excluding Workcover, ICWA or Veterans' Affairs patients). We can let you know who your anaesthetist is once a date for surgery is scheduled and you should obtain a quote from their office.

Surgical assistants: Dr Zilko's assistant doctors will rarely charge you a gap, and will usually bill your insurer directly. If there is no rebate available from the insurance company for their services, they will bill you directly in which case there is no rebate available for this fee and it is your responsibility.

Other Doctors: whilst in hospital it occasionally becomes necessary to ask other medical practitioners to be involved in your care (eg physician, infectious diseases, urologist etc). These doctors set their own fees and should let you know if a gap is payable, although Dr Zilko has no control over this.

Therapy and Rehabilitation: podiatry and physiotherapy may be an important part of your treatment. For privately insured patients, often your extras insurance will cover a portion of these fees, but there is usually a gap.

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Orthotic Devices & Splints: many operations performed by Dr Zilko require the use of a walking boot, post-operative surgical shoe and/or splint. Dr Zilko will determine the type of device required for your operation, and will usually supply and fit it as required. The costs for orthotic devices/splints are:

- Surgical shoe - $50
- VACOcast boot - $250 (Health fund extras provides ~40-80% back)
- VACOped Achilles boot - $385 (Health fund extras provides ~40-80% back)
- VACOtalus brace - $150 (Health fund extras provides ~40-80% back)
- Even-up shoe raise - $35
- Bunion Sleeve - $38
- Budin Toe Splint - $12-15

Depending on your level of extras cover, you will usually receive 40-80% back on the cost of the boots/ braces. Please note that boots/braces purchased independently are usually not eligible for any health fund rebates as they are not an orthotic device prescribed by Dr Zilko, and second-hand boots are strictly not allowed due to infection control risks. If you require a plaster to be applied in the post-operative period, an orthotist or physiotherapist will do this and they usually charge a fee. A complete list of available products with pricing is available in the rooms and on request.

Medical Imaging: you may require X-rays, ultrasounds, CT or MRI scans, injections or other imaging techniques. The radiology clinics can provide you with details of the costs, but most imaging services are not fully rebated. You may wish to call different radiology companies to obtain costs for any tests Dr Zilko orders. During some operations, including all total ankle joint replacements, X-rays are taken intra-operatively and you may be charged a gap by the radiology company.

Forms & Reports: Dr Zilko is happy to assist you with the completion of insurance and other forms if requested, though a fee for this service is payable upfront. The fee varies depending on the complexity of the documentation and the time taken to complete it. A quote can be provided.

<u>WorkCover / Insurance Commission of Western Australia / Veterans' Affairs</u>

Dr Zilko accepts payment from these organisations for your treatment, including clinic and surgical fees. The same should apply to hospital fees and the fees of other health providers, although you should check this with individual providers if in doubt. The costs of X-rays, other medical imaging, and orthotic devices, splints and dressings are normally fully covered. If you have an approved workers compensation or motor vehicle claim then your medical expenses should be fully covered, but in the event that your insurer refuses to pay any of Dr Zilko's fees, then ultimately they are your responsibility.

Please note Dr Zilko does not perform case conferences, complete WorkCover WA medical certificates, return to work and/or other reports.

I CONFIRM THAT I HAVE READ AND ACCEPT THIS FINANCIAL CONSENT:

Patient Name: _____ Signature: _____

Date: _____

Information accurate as at October 2026 Please Note: All of the above fees are subject to change.
If we enlist the services of a debt collector to recover unpaid fees, a 16. 5% surcharge will be applicable to cover the debt collectors' costs.

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MEDICAL QUESTIONNAIRE – Private & Confidential

Please answer these questions fully or discuss them with Dr Zilko. Information about your medical history is for Dr Zilko only, and is important in planning any treatment.

Occupation: _____

Have you ever had surgery on your foot or ankle? ☐ Yes ☐ No
If so, please list operations, date of surgery and surgeon: _____

_____

Where have you had X-rays, CT, MRI, ultrasound, injections or other imaging of your foot/ankle?
☐ SKG ☐ Perth Rad Clinic ☐ Western Rad ☐ Capital Rad ☐ Apex ☐ I-MED
☐ DAB Rad ☐ Prime Rad ☐ My Rad ☐ Beeliar Rad ☐ HIS/Lumus Imaging
☐ Qscan/Envision ☐ Other _____

Have you ever had any of the following medical conditions? (Please tick)

Diabetes: ☐ Type 1 ☐ Type 2
Management: ☐ Diet only ☐ Tablets ☐ Insulin
Last HbA1c %: _____ Date: _____
Pathology Clinic: _____

Inflammatory Arthritis:
- ☐ Rheumatoid arthritis
- ☐ Ankylosing spondylitis
- ☐ Psoriatic arthritis

Other: _____

Pain Issues:
- ☐ Chronic pain
- ☐ Complex regional pain syndrome (CRPS)
- ☐ Fibromyalgia

Mental Health:
- ☐ Anxiety
- ☐ Depression

Other: _____

- ☐ Deep Vein Thrombosis/DVT Year/s: _____
- ☐ Pulmonary Embolus/PE Year/s: _____
- ☐ Osteopaenia (mild loss of bone density)
- ☐ Osteoporosis (severe loss of bone density)
- ☐ Heart attack
- ☐ Heart disease (eg AF, coronary artery disease, stent, CABG etc)
- ☐ Stroke (CVA/TIA)
- ☐ Lung disease (eg sleep apnoea, asthma, COPD, CPAP etc)
- ☐ Liver disease/failure
- ☐ Peripheral Neuropathy
- ☐ Hepatitis B ☐ Hepatitis C ☐ HIV
- ☐ Skin/dermal conditions (eg Athlete's foot/tinea, dermatitis etc)

Neurological condition: _____

- ☐ Cancer – type & treatment: _____

_____

Other major medical conditions:

_____

_____

Height: _____ Weight: _____

Do you take GLP-1 or SGLT inhibitors for diabetes or weight loss? (eg Ozempic, Mounjaro, Flozins) ☐ Yes ☐ No

Do you take any immunosuppressive medications? (eg steroids or rheumatoid/biologic drugs)
If yes, please list medications and doses: _____

Do you take any blood thinning medications? (eg Aspirin, Rivaroxaban (Xarelto), Apixaban (Eliquis), Clopidogrel (Plavix), Clexane)
If yes, please list medications and doses: _____

Do you have any allergies? (eg Medications, dressings (plaster), latex, glue)
If yes, please list: _____

Do you smoke? ☐ Yes ☐ No
Cigarettes – average # per day: _____
Do you Vape? ☐ Yes ☐ No

Do you drink alcohol? ☐ Yes ☐ No
Average drinks per day: _____
History of alcohol dependence: _____

Patient Name: _____ Signature: _____ Date: ____/____/____

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