

David Berlusconi

From: do_not_reply@hccc.nsw.gov.au
Sent: Thursday, 7 February 2019 9:30 AM
To: David Berlusconi
Subject: Your Complaint has been Submitted

Sub ID 6035
Passkey 60858
Logged 9:30
7.2.19

Thank you for submitting your complaint.

We have received your complaint and will respond to you shortly. More information on our assessment process is available [here](#).

Please refer to the 'My Matters' page to check the status of your complaint. Alternatively, you can contact the Commission to talk to one of our staff members by phoning (02) 9219 7444 or toll free 1800 043 159, 9am to 5pm, Monday to Friday.

Yours Sincerely,

Health Care Complaints Commission

Level 13 | 323 Castlereagh Street | Sydney NSW 2000 | www.hccc.nsw.gov.au

T: (02) 9219 7444 | **Toll Free:** 1800 043 159 | **F:** (02) 9219 7555 | **E:** hccc@hccc.nsw.gov.au

Security: Sensitive

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Health

Facility:

MEDICAL / ATTENDANCE CERTIFICATE

F	Ryde	Period RYD	027-33-14	PRINTED: 04FEB19 15:39	FEMALE
C	DEITZ				
A	Michael				
	DOB: 25 OCT 1984	Age: 34Y	Sex: M		
	21 COBHAM AVE				
	HELROSE PARK 2114	PH: 0407209366			
	ADM: 04FEB19	MO: Vassili, Con (Senior MO)			
L	M/C: 26080045531	H/F: BUP-88045703	Fin: WE		

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Date 04/02/2019

This is to certify that

Patient's name Michael Deitz

STRIKE THROUGH UNUSED SECTIONS OF FORM (IF NOT APPLICABLE)

Attendance Certificate

- ☒ has been an inpatient from 04/02/2019 to 04/02/2019
- ☒ attended as an outpatient on 04/02/2019
- ☒ attended the Emergency Department on 04/02/2019
- ☐ This is to certify that (name) _____ is the carer/parent of the above patient and attended the hospital/clinic/health service on the above date with the patient.

An Attendance Certificate can be completed by all health employees. All staff can confirm that a patient attended a health service on a specific date.

Medical Certificate

- ☒ he/she will be unfit for work/school/usual activities from 04/02/2019 to 04/02/2019
- ☐ he/she will be fit to return to work/school/usual activities on 04/02/2019

He/she was treated for (optional) _____

For periods of sick leave up to one week, a Medical Certificate to support sick leave applications can be completed by registered health service providers, including Medical Officers, Dental Officers, Physiotherapists, Nurse Practitioners, Podiatrists, Occupational Therapists, Psychologists, and Medical Radiation Practitioners. Where the period of sick leave exceeds one week, the certificate must be from a Medical Officer.

Comments (if applicable) _____

Name (print) _____

Designation (print) _____

Signature _____

Site _____

Original - Patient Duplicate - Health Record

NO WRITING



SMR010300

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH60580 140518

Post Op Instructions

ACTIVITY

Elevate left arm

WOUND CARE SPECIFIC INSTRUCTIONS

Keep dressing dry and intact until review

FOLLOW UP APPOINTMENTS

Review in Dr Vasili
Eastwood rooms on
the 11/02/19 at 10:00am
please make your own appointment

Ryde Hospital Perioperative Unit
Telephone (02) 9858 7555

JUL18/V4

CATALOGUE NO. NS10607E

Ryde Hospital

Perioperative Unit

DISCHARGE INSTRUCTIONS FOR

Ryde
Periop RYD
027-33-14
PRINTED: 04FEB19 15:39
DEITZ
Michael
DOB: 25 OCT 1984 Age: 34Y Sex: M
21 COBHAM AVE
MELROSE PARK 2114 PH: 0407209366
ADM: 04FEB19 MO: Vasili, Con (Senior MO)
M/C: 26080045531 H/F: BUP-88045703 Fin: WE



Health
Northern Sydney
Local Health District

Day Surgery Unit

This guide is to assist you over the next 24 hours. We advise that someone remain with you for this period of time.

EATING

Resume your normal diet. If nauseated, sip only fluids until you feel better. Then start a light diet again.

ACTIVITIES

Your anaesthetic and/or drugs will act on your body for 24 hours. It is normal for these to make you feel sleepy and dizzy. Take things easy during this time.

YOU MUST NOT

- DRIVE A CAR
- TRAVEL ALONE
- DRINK ALCOHOL
- USE HAZARDOUS EQUIPMENT
- MAKE IMPORTANT DECISIONS, OR
- SIGN IMPORTANT PAPERS

for at least 24 hours

FEVER

No fever is anticipated but if you have a temperature that remains high, contact your doctor.

PAIN

You may experience pain and may have been given some tablets whilst at the Unit. These will help you. Follow the instructions on the packet.

If you were not given any tablets then you may take Panadol or Panadiene (if you are not allergic to them).

Some muscle soreness and/or throat soreness may be experienced as a result of your anaesthetic. You may take Panadol and throat lozenges to alleviate these problems.

PROBLEMS

If problems occur
contact your Specialist, GP
or Ryde Hospital on:

9858 7888

WorkCover NSW – certificate of capacity

Please ensure all sections are completed. Tick if this is the initial certificate for this claim ☐

PART A – MAY BE COMPLETED BY PATIENT

[illegible]

PART B – TO BE COMPLETED BY NOMINATED TREATING DOCTOR OR TREATING SPECIALIST MEDICAL PRACTITIONER

MEDICAL CERTIFICATION

Diagnosis of work related injury/disease
☐ Left middle finger lesion / fracture

Patient stated date of injury ☒ ☒ 04/02/2019

Shaded areas to be completed for initial certificate only

Patient was first seen at this practice/hospital for this injury/disease on ☒ ☒ 04/02/2019

Injury/disease is consistent with patient's description of cause ☒ Yes ☐ No ☐ Uncertain

How is the injury/disease related to work?

☒ Caught in car door while working

Detail any pre-existing factors which may be relevant to this condition

☒ No

Claimant name

Claim number

MANAGEMENT PLAN FOR THIS PERIOD

Treatment/medication type and duration (Duration: short term = < 6 weeks, medium term = 6–12 weeks, long term = > 12 weeks)

Surgical debridement repair & stabilised

Referral to another health care provider (provide details of provider and service requested, duration and frequency when relevant)

Dr. Con Vail (Surgical Surgeon)

CAPACITY FOR EMPLOYMENT (Please consider the health benefits of work when completing this section)

Do you require a copy of the position description/work duties? ☐ Yes ☐ No

Patient:

☐ is fit for pre-injury duties

☐ has capacity for some type of employment from / / to / /
for hours/day days/week

☒ has no current work capacity for any employment from / / to / /

If no current work capacity, estimated time to return to any type of employment

Factors delaying recovery *Need to keep hand dry & clean*

Do you recommend referral to workplace rehabilitation provider? ☐ Yes ☐ No

Capacity – If the patient is fit for pre-injury duties this section does not need to be completed. For all other patients please consider activities of daily living currently being performed.

Lifting/carrying capacity

Sitting tolerance

Standing tolerance

Pushing/pulling ability

Bending/twisting/squatting ability

Driving ability

Other (please specify) eg psychological considerations, keep wound clean and dry

Next review date / / (if greater than 28 days, please provide clinical reasoning)

Comments

TREATING MEDICAL PRACTITIONER DETAILS

☐ Please tick if you agree to be the nominated treating doctor for the ongoing management of this worker's injury and return to work.

I certify that I am the ☐ nominated treating doctor or ☐ treating specialist or ☐ other* and I have examined this patient. The information and medical opinions contained in this certificate are, to the best of my knowledge, true and correct.

Signature

Date (DD/MM/YYYY)

[Signature]

04/02/2011

*If 'other', please specify

Name

(practice stamp if available)

Address

Telephone number

Fax number

Provider number

PART C – TO BE COMPLETED BY THE WORKER PRIOR TO SENDING TO THE EMPLOYER OR INSURER (this does not involve the nominated treating doctor/treating specialist)

Worker's first name

Date of birth (DD/MM/YYYY)

□ □ / □ □ / □ □ □ □

Claim number

engaged in any form of paid employment, self employment or voluntary work for which I have received or am entitled to receive payment in money or otherwise since the last certificate was provided, that I have not yet declared to the insurer.

I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.

Date (DD/MM/YYYY)

□□/□□/□□□□

Recover better at work

Evidence shows you recover from an injury better at work than at home.

Long-term absence from work can lead to isolation and poorer health.

The longer you are off work, the less chance you have of ever returning to work.

Staying at work, or returning to work as soon as safely possible, is good for your health and wellbeing – whether it's on reduced hours in your normal job, or on modified or alternative duties.

You can recover better by following three simple principles.

1. Stay active

Talk to your doctor and case manager about what activities you can undertake.

2. Stay in touch

If you are off work, stay in regular contact with your employer and workmates.

3. Stay focused

Set goals for your recovery and return to work, and take action to achieve them.

For more advice on recovering better at work, contact your case manager or call WorkCover on 13 10 50.