

PATIENT INFORMATION SHEET



PLEASE PRINT ALL RELEVANT INFORMATION

| | | | | | | |
|---|------------------------------|-------------------------------|-----------------------------|---------------------------------|------------------------------|-----------------------------|
| TITLE | | | | | | |
| Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> | Master <input type="checkbox"/> | Dr <input type="checkbox"/> | |
| PATIENT'S DETAILS: | | | | | | |
| Surname | | First Name | | Second Name | | |
| ADDRESS: | | | | | | |
| Street | | Suburb | | State | | Post Code |
| TELEPHONE | | | | | | |
| Home: | | Business: | | Mobile: | | |
| | | | | | | |
| Date of Birth | Marital Status | Next of Kin | Relationship to Patient | Contact Number | | |
| Private Health Fund | | | Membership No..... | | | |
| Medicare No _____ | | () ← Position on card | | Expiry date..... | | |
| Pension No | | | Expiry date..... | | | |
| Veterans Affairs No | | | Drivers Licence | | | |
| Family Doctor | | | Phone No..... | | | |
| Address | | | Postcode..... | | | |
| Referring Doctor | | | Phone No..... | | | |
| Address | | | Postcode..... | | | |
| Occupation | | | Workers Compensation | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Employer | | | Phone No..... | | | |
| Address | | | Suburb | | Postcode..... | |
| Do you suffer from any of the following? | | | | | | |
| Drug Allergies | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Type | | | |
| High Blood Pressure | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Diabetes | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Heart Disease | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Lung Disease | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Have you had any previous Operations? | | | Please list | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Please list Current Medications | | | | | | |