



PATIENT REGISTRATION and HISTORY FORM

TITLE:
SURNAME: D O B :.....
GIVEN NAMES:
ADDRESS:
SUBURB: STATE: POSTCODE:
TEL: (Home) (Work) (Mob)

MEDICARE NUMBER: _ _ _ _ _ _ _ _ _ _ PATIENT ID number: ____ EXP DATE: __/__/__

PENSION / VET AFFAIRS Number

HEALTH FUND MEMBERSHIP NUMBER

Does your insurance cover you for Private Hospital admission?

REFERRING DOCTOR: Name & Address:

.....

Family Doctor (if different to referring doctor).....

MEDICAL HISTORY

Do you have a past medical history of any of the following? (tick)

Hypertension (High blood pressure) _____ Heart Disease _____

Hypercholesterolaemia (High cholesterol) _____ Lung Disease _____

Diabetes _____ Kidney Disease _____

Stroke _____ DVT _____

Family history of vascular disease _____ Please give details _____

SOCIAL HISTORY

SMOKING: Never smoked _____ Ex smoker _____ When did you cease _____
Still smoking _____ Number of cigarettes daily _____

ALCOHOL intake: Nil _____ Occasional _____ Weekly _____ Daily _____

CURRENT MEDICATIONS & ALLERGIES

Aspirin _____ Warfarin _____ DOSE _____

Other medications:

Allergies _____

PREVIOUS OPERATIONS (Major)

Operations	Year	Hospital	Surgeon
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRIVACY STATEMENT

To comply with the Privacy Act 2001, all patients need to provide written consent for the following important aspects of their medical care.

- I agree that Dr Mohabbat takes a full medical history that relates to my medical condition and management.
- I agree that relevant information may be obtained from other medical practitioners, such as GP's and specialists, other health care providers, pathologists, hospital and Day Surgery Units as necessary.
- I agree that Dr Mohabbat may discuss my medical history, diagnosis and management with my General Practitioner and other relevant Medical Specialists in relation to my medical management.
- I understand that I may apply to access my health records.

PATIENT NAME.....

PATIENT'S SIGNATURE..... **DATE**